

# 2015- 2016 Semester Employer Reimbursement Form/Deferred Tuition Payment Form



Office of Student Financial Services  
501 East 38<sup>th</sup> Street Erie, PA 16546

**STUDENT INFORMATION:**

Mercyhurst ID#: \_\_\_\_\_  
 Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home  
 Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

**100% Reimbursement**            I agree to pay \$125 deposit per term toward my tuition bill (**employer pays 100% tuition and fees**)

**Partial Reimbursement**            I agree to pay, as a deposit, charges per term not covered by my employer (**employer pays less than 100%**)

**Your Down Payment For Deferred Payment Plan Must Be Submitted Each Term By The Term Bill Due Date \***

In exchange for deferring my tuition and fees until my grades are available, I am enclosing my initial deposit payable to Mercyhurst University. I understand that it is my responsibility to remit this payment before the billing due date to avoid a \$150 late fee.\* If graduating this term, I am aware that in order to receive my diploma and transcript I need to pay my bill in full two weeks before graduation. It is understood that if I drop or withdraw from a course, I am responsible for the full amount of tuition and fees in accordance with the published refund policy. I agree to pay the deposit or all tuition and fees not covered by my company prior to bill due date.\*

<u>CHECK TERM</u>	<u>DEADLINES for 2015-2016</u> <u>FORM and DEPOSIT DUE*</u>	<u>FINAL PAYMENT DEADLINE **</u>
___ PRE-SUMMER 15	Upon Registration	July 10, 2015
___ SUMMER 15	Upon Registration	September 05, 2015
___ FALL 15	August 12, 2015*	January 10, 2016
___ SPRING 16	January 06, 2016*	June 19, 2016

**On the reverse side is my employer's signed authorization verifying my eligibility for tuition reimbursement. I understand that by providing this, I qualify for Mercyhurst University's Deferred Tuition Reimbursement Plan. I understand that payment of tuition and fees is my responsibility. To avoid a \$150 late fee I will need to pay any unpaid balance remaining after employer reimbursement by the final payment deadline.\*\* I recognize that Company Reimbursement privileges are based upon timely submission of forms and payments (If cancelled, reinstatement to the plan may be petitioned for by written request to the Office of Student Financial Services).**

By signing this document, I agree to all terms and conditions and authorize Mercyhurst University to communicate with my employer regarding tuition reimbursement.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\*If you register for your **initial** term after the billing due date, your deposit and completed form will be due two weeks after your registration date. This applies for your **initial** term only. Subsequent terms will follow all established deadlines.

\*\*All Final Payment Deadlines apply regardless of registration date or term.

The purpose of the deferred tuition reimbursement agreement is to allow students who receive employer reimbursement to defer payment of their tuition and fees each semester. Repayment deadlines\* are listed on the previous page. **It is the student's responsibility to secure and submit grades and invoices to the employer in a timely fashion.**

***Please Complete Both Pages Of This Form And Return To:***

Mercyhurst University  
Office of Student Financial Services  
501 East 38<sup>th</sup> Street  
Erie, Pa 16546  
FAX: (814)824-2072 or Email : sfs@mercyhurst.edu

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**Employer Authorization Section:**

I verify that \_\_\_\_\_ is an employee of (indicate company name):  
\_\_\_\_\_ and qualifies for our tuition reimbursement program.

Upon receipt of the final grade our company will forward tuition payments directly to (circle one):

**Employee / Mercyhurst University**

The terms of our company tuition policy are (please specify or attach): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Representative's Name and Title (Please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Representative's Signature

\_\_\_\_\_  
Date

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\*\*All Final Payment Deadlines apply regardless of registration date or term.