

Employer Tuition Deferral Program Application

For Le Moyne College

Student Name: Last _____ First _____ Initial _____ Soc. Sec # _____

Address: Street _____ City _____ State _____ Zip _____ Phone _____

Employer _____

Address: Street _____ City _____ State _____ Zip _____ Phone _____

Student is registering for the following courses:

Course Name	Course No.	Credit Hours	Tuition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

1. You will give your employer this Employer Tuition Deferral Program Application on which your employer must verify your eligibility for tuition reimbursement and clarify payment procedures.
2. After the completed application is returned by your employer, you must complete the Promissory Note for Employer Tuition reimbursement.
3. Your tuition is due no later than 45 days after the final day of the semester.
4. If, during the semester, there are payments made to your account from another source (e.g. student loan) these payments will first be applied to you unpaid tuition. These funds will not be refunded until your tuition has been paid in full.
5. You will be responsible for any charges your employer does not pay. Failure to make full payment by the due date will result in a financial hold being placed on your account and you may be referred to an outside source for collection.
6. Your signature below acknowledges that you have read and understand these guidelines.

I have read the Guidelines for Employer Tuition Deferral. I understand that I am fully responsible for the payment of my tuition by _____

Student Signature _____ Date _____

FOR EMPLOYER USE ONLY

The above student is authorized to register for the above listed courses through _____ employee tuition reimbursement program. (company)

Authorized Signature _____ Title _____

Department _____ Phone Number _____

Is payment contingent upon satisfactory completion of course? Yes No

What is the percentage of reimbursement? _____

Amount authorized for tuition per calendar year _____

Company's calendar year runs from _____ to _____

Do you require proof of registration? Yes No Do you require a bill? Yes No

Name of contact person for questions (if different from authorized signature above). _____

Contact _____ Phone _____

Billing Address _____

PROMISSORY NOTE FOR EMPLOYER TUITION REIMBURSEMENT PLAN

In consideration of having been given an extension of time by Le Moyne College for payment of \$ _____ owed for tuition of the above student (named in the Student Information section above) which sum is to be paid to the order of Le Moyne College at the Bursars Office in Syracuse, New York, by the employer named above (in Employer Use Only section), 45 days after the semester ends, the undersigned acknowledges his/her obligation to make such payment within the designated time if the employer fails to do so.

The undersigned waive(s) presentment, demand for payment, notice of dishonor, protest, and all other notices in connection with this note. In case of default, the undersigned agrees to reimburse the fees of any fees of any collection agency, which may be based on a percentage at maximum of 39% of the debt, and all costs and expenses, including reasonable attorney fees, incurred in such collection efforts. Full payment is due by _____ or a \$100.00 late fee will be assessed.

Student Signature _____ Date _____