



EMPLOYER REIMBURSEMENT TUITION DEFERMENT CONTRACT

SECTION I - TO BE COMPLETED BY STUDENT

Please PRINT

NO faxed copies will be accepted

STUDENT NAME _____ STUDENT ID # _____

ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE # _____

Based on my employer's educational assistance policy, a copy of which is ATTACHED, I am requesting deferment of tuition (Read Item 1 below CAREFULLY!). I understand that this request is specific to:

[] Fall _____ [] Spring _____ ONLY (CHOOSE ONE). Student's email: _____

The following guidelines apply to participation in Tuition Deferment:

1. If my employer's educational assistance policy stipulates that only a portion/percentage of my tuition and fees are covered, the remaining balance or a minimum payment of \$350.00 (whichever is greater) is my responsibility. If my employer covers all tuition and fees, then I must pay \$350.00. My payment is due by the payment deadline for my registration activity whether I have received a bill or not. I can confirm my registration, account balance, and due dates via: www.wfs.kent.edu and www.kent.edu/bursar. Failure to make this payment will subject my registration to cancellation. Students receiving financial aid that pays tuition in full are not eligible to submit a contract request. If I have financial aid that does not cover my balance, the difference may be eligible for deferment, but I still must pay the \$350.00.

2. It is my obligation to ensure that my employer receives all necessary paperwork to make payment to Kent State University. The university must receive payment 42 calendar days after finals week for this semester. I understand that if payment in full is not received by this date, my registration for future terms may be at risk for cancellation or de-registration. Further, I understand that I will be assessed a non-refundable \$100 late non-payment charge. After missing the deadline twice, I will not be eligible to submit future contracts for deferment.

3. By signing on the line below I am indicating that I have read, understood and agree to these guidelines. I am also authorizing my employer to make payment directly to Kent State University. If my company policy requires payment to me, I will meet the payment deadline of within 42 calendar days after finals week.

STUDENT/EMPLOYEE SIGNATURE _____ DATE _____

Section II - TO BE COMPLETED BY EMPLOYER

Employer Name: _____ Phone: _____

Mailing Address: _____ STREET _____ CITY _____ STATE _____ ZIP _____

Based on our company's educational assistance program, a copy of which IS attached, and in review of the invoice for the semester the employee has presented to us (or the estimated costs the employee provided), we would cover:

_____ + _____ = _____
MAXIMUM OF TUITION (PERCENTAGE OR AMOUNT) MAXIMUM OF FEES (PERCENTAGE OR AMOUNT) MAXIMUM TOTAL PAYABLE (PERCENTAGE OR AMOUNT) *

* Is this figure based on grades received for the course? [] Yes [] No

This is not a commitment by our company to pay the above amount. When the employee submits the required documentation for our review and approval for payment, we will submit payment (according to our educational assistance policy) for the amount due to Kent State University.** We understand that payment is due 42 calendar days after finals week.

Authorized Official: _____ SIGNATURE _____ Title: _____ Date: _____

Print Name: _____ Phone: _____ E-mail: _____

** Does your policy require reimbursement to the student _____ YES _____ NO

Please return this document to the student for submission to the Bursar's Office. This document must be received no later than the payment deadline for the student's registration to be considered valid.

ATTENTION STUDENT: This ORIGINAL document must be received by the Bursar's Office BY the payment due date for your registration. If you are mailing it, allow adequate time for delivery and send it to: Bursar's Office, 131 Michael Schwartz Center, Kent State University, P O Box 5190, Kent, OH 44242-0001. Faxed copies will not be accepted. Payment of the uncovered portion of your charges, or \$350.00 for the semester (See Item 1 above) are also required by the payment due date for your registration. Not completing both of these steps will subject your registration to cancellation. Only an ORIGINAL completed request with actual signatures is acceptable for deferment. Keep a copy for your records.