

CORPORATE REIMBURSEMENT DEFERMENT FORM

The Corporate Reimbursement Plan is available to those students who have an employer which is helping fund their education through a tuition reimbursement program. This plan allows students to register without payment due at the time of registration and pay the remaining balance 30 days after the last day of each semester. This agreement must be submitted at the beginning of each and every academic year before registration of classes takes place.

SECTION I – To be completed by the student

Student Name (Last name, First name)

Work Phone #

Cell Phone #

Address

City, State, Zip Code

I understand that I am ultimately responsible for payment of all charges incurred on my student account, regardless of the company's agreement. If my account becomes past due, I also understand that the University will place a hold on my account and withhold all academic records and prohibit registration for future terms/semesters at the University. I further agree and understand that if my account becomes delinquent, interest on the outstanding balance may be computed and added monthly to the amount due. I may also incur additional costs for collecting any amount due and/or court costs and/or attorney fees. In addition to completing this form, there is a \$50 per semester deferment fee to enroll in this plan.

By signing this agreement, I agree to all terms, conditions and requirements outlined above. Please allow up to 3 days for this form to be processed.

Student Signature

Student ID #

Date

SECTION II – To be completed by the employer

I certify that the student listed above is eligible for tuition reimbursement and will receive tuition reimbursement upon meeting the requirements of the company's reimbursement plan. It is also understood that the employee will be reimbursed directly and is responsible for payment of the tuition and fees to Ashland University.

Company Name

Company Phone #

Company Address

City, State, Zip Code

Authorized Company Representative (Please print)

Email address

Signature of Authorized Representative

Title of Representative

Date