

**CEDAR CREST COLLEGE
EMPLOYER TUITION BENEFIT APPLICATION**

Student Name _____ ID# _____

Expected Graduation Date _____

Employer Name _____ Employer Address _____

Work Phone () _____ - _____ Home Phone or Cell Phone() _____ - _____

Percent of Employer Reimbursement: _____% OR Yearly Amount \$ _____

Reimbursement Policy*:

*You may attach your company's detailed reimbursement policy if available.

Otherwise, you must provide the information below.

1. Entire application must be completed only one time and will remain in your student file until you have separated from the college and/or tuition reimbursement benefits have ceased.
2. Only the amount of tuition that is expected to be reimbursed by the employer will be deferred. The student's portion of her/his invoice is due by the tuition due date for each semester.
3. The entire amount of deferred tuition is payable to Cedar Crest College no later than 4 weeks after grades are issued. The student is responsible to make payments by this date even if they have not been reimbursed by their employer.
4. Accounts not paid by the due date will be charged a late fee of \$200.00 per month.

Cedar Crest College reserves the right to contact the Supervisor listed below as deemed necessary.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Student Financial Services Signature _____ Date _____