

Notre Dame de Namur University
Employer Reimbursement Plan Authorization Form

Fall '10
Term I Term II
(Circle applicable)

Students who are eligible to receive reimbursement for educational expenses from their employers may qualify for the University's Employer Reimbursement Plan. This plan allows students to register for classes and postpone tuition payments until the end of the semester.

The following contract is between NDNU and the student:

1. Employer Deferral Fee of \$40.00, a completed form and a personal credit card number are required to enroll in this deferred payment plan.
2. Students with less than 100% tuition reimbursement must pay the difference or make payment arrangements by **August 16 (Term I) or October 27 (term II), 2009.**
3. If payment arrangements are not made by **stated due dates**, the student will be charged a \$150.00 Late Registration Fee.
4. The student must have this form completed, signed by the employer and **submitted by the stated due dates.** *LATE FORMS WILL NOT BE ACCEPTED.* The employer representative signing the form must attach their business card.
5. The student is responsible for submitting their Registration Confirmation and grades to the employer for reimbursement. Payments from students are **DUE 30 DAYS AFTER THE LAST CLASS MEETING.** If payment is not made **30 DAYS AFTER THE LAST CLASS MEETING**, a Business Hold will be placed on your account which will prevent future registration.
 - a. The student is responsible for the payment amount deferred 30 days after the last class meeting, whether or not the amount is to be paid by the employer. If the employer, for any reason, refuses to reimburse the student tuition, the student remains responsible for the full payment of all charges.
6. Unpaid balances will be subject to 1.5% per month (18% per year) in finance charges. Collection costs will be added to accounts referred to Collection. Failure to pay will also affect the student's future eligibility to participate in the Plan.

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Company Name: _____
 Student ID#: _____ Company Address: _____
 Street Address: _____ Work Telephone: _____
 City, ST, Zip: _____ Department: _____
 Home Telephone: _____ Email: _____

Approved Courses:

Course Number	Title/Description	Units	Per Unit Charge	Total per Course
Technology Fee	Per registered unit – mandatory for all students		\$3.00 per unit	
Student Activity Fee	Mandatory for all students	-	-	\$35.00

I understand that I am responsible for the payment of all charges whether or not I am reimbursed.

Student Signature _____
Date

TO BE COMPLETED BY EMPLOYER:

Maximum Amount or Percentage covered: \$ _____ or _____ %

Print Name of Official: _____ Title: _____

Signature: _____ Date: _____

(Please attach Business Card)