

**Notre Dame de Namur University**  
Employer Reimbursement Plan Authorization Form

**Spring'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 (check, money order or verified payment on-line through the campus portal), and a completed form 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 **January 25 (Term I) or March 15 (term II), 2010.**
3. The student must have this form completed, signed by the employer and **submitted by January 22 (Term I) or March 19 (Term II), 2010.** The employer representative signing the form must attach their business card.
4. **If this payment arrangement is not made by January 25 (Term I) or March 19 (Term II), 2010, the student will be charged a \$150.00 Late Tuition Payment Penalty.**
5. The student is responsible for submitting their Registration Confirmation and grades to the employer for reimbursement. Payments from students are **DUE JUNE 7, 2010**, 30 days after the end of the semester.
  - a. The student is responsible for the payment amount deferred 30 days after the **END OF THE SEMESTER**, 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.

<b>TO BE COMPLETED BY THE STUDENT</b>
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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		<b>\$3.00 per unit</b>	
Student Activity Fee	Mandatory for all students	-	-	<b>\$35.00</b>

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

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

<b>TO BE COMPLETED BY EMPLOYER:</b>	
Maximum Amount or Percentage covered: \$ _____ or _____ %	
Print Name of Official: _____	Title: _____
Signature: _____	Date: _____
<i>(Please attach Business Card)</i>	