

Notre Dame de Namur University
Employer Reimbursement Plan Authorization Form

Spring ' _____
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 **\$100.00**, a completed form and payment 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 with this form by **January 5** or **March 5** (for those who are registered in term II *only*).
3. The student must have this form completed, signed by the employer and **submitted by the stated due dates**. **LATE FORMS COULD RESULT IN FINANCE CHARGES TO THE ACCOUNT**. The employer representative signing the form must attach their business card.
4. The student is responsible for submitting an invoice and grade report to the employer for reimbursement.
 - a. Invoices are produced by the Business Office upon request and will include the total amount of tuition and fees – *not individual course numbers or titles*.
 - b. Grade History Reports detail course number and title and can be downloaded from your campus portal.
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 DAY OF THE SEMESTER**. If payment is not made **30 DAYS AFTER THE LAST DAY OF THE SEMESTER**, a Permanent Hold will be placed on your account which will prevent future registration until the account is paid in full.
 - a. The student is responsible for the payment amount deferred 30 days after the last day 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 1.0% per month (12% 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: _____ NDNU Student Email: _____

Approved Courses (or attach student schedule):

Course Number	Title/Description	Units	Per Unit Charge	Total per Course
Student Activity Fee	Mandatory for all registered students (except online programs)	-	-	\$40.00
Technology Fee	Mandatory for all registered students		\$3.00	

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)