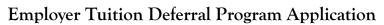


ELMIRA COLLEGE





Student Name:	Employer:	:		
Social Security Number: XXX - X		Employer Address:		
Student Address:				
Student Phone Number:				
Student is registering for the following courses:				
		C 1. II	T	
Course Number Course Title		Credit Hours	Tuition	
1				
2				
3				
Complete the top of this application and submit it to you				
 Sign the Promissory Note on the back of this application Your tuition is due no later than 15 days after the final day If, during the term, there are payments made to your according to your unpaid tuition. These funds will refer to your are responsible for any charges your employer does not placed on your account and you may be referred to an output to the promise of the place. 	ay of the term. You will rece ount from another source (e not be refunded until your t not pay. Failure to make full	eive monthly statements. e.g. student loan) these payments wil suition is paid in full.		
I have read and understand the Guidelines for Employer Tu	uition Deferral and I unders	tand that I am fully responsible for t	he payment of my tuition.	
Signature	Date_			
FOR EMPLOYER USE ONLY The above named student is authorized to register for the ab Billing Address: Payment contingent upon satisfactory completion of courses Amount authorized for tuition per calendar year: Proof of registration required: Yes No Authorized Signature:	s: • Yes • No	(Name of Company) Department: Percentage of reimbursement: _ Company's calendar year runs for Bill required: □ Yes □ No Title:	rom to	
Printed Name:		Phone Number:		
Contact person (if different from above):		Phone Number:		
PROMISSORY NOTE FOR EMPLOYER TUITION In consideration of having been given an extension of time left for the ☐ Fall ☐ Winter ☐ Spring ☐ Summer 20	by Elmira College for paym term, which sum is to be mployer named above withi red time if the employer fails	ent of \$owed for to paid to the order of Elmira n 15 days after the term ends, the urs to do so.		
default, the undersigned will pay collection costs (approxima				
Student Signature:	_	Date:		
Authorized Signature:		Title:		
Name of person authorizing reimbursement: (please print)				