



ELMIRA COLLEGE

Employer Tuition Deferral Program Application



Student Name: _____ Employer: _____
 Social Security Number: X X X - X ____ - ____ - ____ - ____ Employer Address: _____
 Student Address: _____ Employer Phone Number: _____
 Student Phone Number: _____

Student is registering for the following courses:

Course Number	Course Title	Credit Hours	Tuition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

1. Complete the top of this application and submit it to your employer to verify your eligibility for tuition reimbursement and to clarify payment procedures.
2. Sign the Promissory Note on the back of this application and submit it with your course registration form.
3. Your tuition is due no later than 15 days after the final day of the term. You will receive monthly statements.
4. If, during the term, there are payments made to your account from another source (e.g. student loan) these payments will first be applied to your unpaid tuition. These funds will not be refunded until your tuition is paid in full.
5. You are responsible for any charges your employer does not pay. Failure to make full payment by the due date will result in a financial hold being placed on your account and you may be referred to an outside source for collection.

I have read and understand the Guidelines for Employer Tuition Deferral and I understand that I am fully responsible for the payment of my tuition.

Signature _____ Date _____

FOR EMPLOYER USE ONLY

The above named student is authorized to register for the above listed courses through _____ employee tuition program.
 (Name of Company)

Billing Address: _____	Department: _____
Payment contingent upon satisfactory completion of courses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of reimbursement: _____
Amount authorized for tuition per calendar year: _____	Company's calendar year runs from _____ to _____
Proof of registration required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bill required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Signature: _____	Title: _____
Printed Name: _____	Phone Number: _____
Contact person (if different from above): _____	Phone Number: _____

PROMISSORY NOTE FOR EMPLOYER TUITION REIMBURSEMENT PLAN

In consideration of having been given an extension of time by Elmira College for payment of \$_____ owed for tuition of the above student for the Fall Winter Spring Summer 20____ year term, which sum is to be paid to the order of Elmira College at the Business Office in Elmira, New York by the employer named above within 15 days after the term ends, the undersigned acknowledges his or her obligation to make such payment within the designated time if the employer fails to do so.

The undersigned waives presentment, demand for payment, notice of dishonor, protest, and all other notices in connection with this note. In case of default, the undersigned will pay collection costs (approximately 33%), including reasonable attorney's fees. A \$50 late fee will be assessed.

Student Signature: _____ Date: _____

Authorized Signature: _____ Title: _____

Name of person authorizing reimbursement: (please print) _____