

# **Ottawa University Employer Reimbursement Deferment Form**

Employer reimbursed deferment of tuition allows the student to delay tuition payment until **30 calendar days** from close each session.

**Term:** Fall Spring Summer (circle one) **Session:** [ ] 1 [ ] 2 (Mark all that apply)

To be approved for the Deferred Tuition Program for the term & session(s) specified above I agree to the following:

- Authorizing Ottawa University to process a \$60 **non-refundable** fee using the card listed below **per session**. *Session 1: fee will processed upon receipt of form. Session 2: fee will be processed 1 week prior to the start of that session.*
- Providing a form of documentation from my employer, which can be one of the following:
  - Employer approval letter on official letterhead
  - An employer authorization form
  - Company policy outlining the system of payment along with proof of employment

\*\* This documentation **MUST** include annual reimbursement limits. In addition, we may require these documents to be updated from time to time depending on your employers policy.

**Please acknowledge that you have read and understand the following, by placing a checkmark next to each statement.**

\_\_\_\_\_ If I am also using financial aid benefits, those disbursements will be applied to my tuition balance first and the remaining balance(s) on my student account will be processed according to this agreement.

\_\_\_\_\_ Should my company be unable or refuse to pay any or all of my tuition, the balance on my student account will be my responsibility.

\_\_\_\_\_ Payments can be made up to 24 hours PRIOR to the due date, using a debit/credit card.

\_\_\_\_\_ If my credit card payment is declined, official transcripts will not be released and current registrations as well as future registrations will be subject to cancellation.

\_\_\_\_\_ If I withdraw from any course during my participation in the deferred tuition program, any and all charges due will be my responsibility and will be charged to the card provided at the time of withdrawal.

\_\_\_\_\_ In the event that I do not complete the terms of this agreement, my account may be referred to an attorney or outside collection agency, and I will be responsible for any and all associated fees.

**Charges in excess of student's employer reimbursement eligibility are due at the time of registration.**

Whether the student has been reimbursed by their employer or not, tuition will be charged to the credit card listed below on the 31<sup>st</sup> day following the end of each session. No notice of this assessment against the student's credit card will be given. \*\*

**Credit card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

STUDENT NAME (Please Print)		STUDENT I.D.	
CARDHOLDER NAME (Please Print)		CARDHOLDER ADDRESS	
EMAIL (for receipt purposes)	CARDHOLDER ZIP CODE	PHONE	