



Employer Reimbursement Form

(Please answer ALL questions. Incomplete forms will not be processed/honored.)

You have indicated that you are receiving employer reimbursement. Please note, Anderson University is required to consider all resources a student will receive when awarding financial aid. This form notifies Anderson University of the amount of employer reimbursement you will receive and defers the payment of your tuition until 30 days after the semester ends. Please complete and sign the Student/Employee section of this form and have your employer certify the Employer section. Completed forms must be returned to Anderson Central for final approval.

Name of Student: _____ Student ID: _____

Student/Employee Section

Academic Year _____ Enrollment (# of credit hours): ___ Fall ___ Spring ___ Summer

Will you be filing a FAFSA? ___ Yes ___ No If yes, will you be using student loans? ___ Yes ___ No

By submitting this form, you agree to the following:

- You are responsible for the entire cost of tuition, applicable fees, books and supplies, regardless of the amount reimbursed by your employer.
- You are responsible for completing any paperwork required by your employer to receive tuition reimbursement and will do so before your classes begin.
- If you are receiving any other form of financial aid in addition to employer reimbursement, please note that financial aid funds will be applied to your student account to satisfy charges first. Any excess amount remaining after charges are satisfied will be returned to you in the form of a refund. Anderson University cannot issue a refund to a student if the excess amount is generated as a result of your employer's payment until **after** payment from your employer is received.
- If you withdraw from classes anytime during the semester, you are still responsible for paying Anderson University any remaining balance on your account. If you receive a grade that renders you ineligible for reimbursement from your employer, you are still responsible for paying Anderson University.
- You agree to make full payment to Anderson University no later than **30 days** after the semester ends. After that date, you will be subject to removal from the Deferment Program. Past due accounts of 90 days or more will be assigned to a collection agency and will be subject to 33 1/3% collection costs.

I have read and understand the Terms and Conditions listed above.

Student's Signature: _____ Date: _____

Employer Section

This verification is to confirm that the above-named employee is eligible for Tuition Reimbursement.

The employer's tuition reimbursement policy requires successful completion of the courses with a grade of _____ or better to obtain _____% of tuition reimbursement, **AND/OR** the employee is eligible for a capped amount of \$ _____ per calendar/academic year. If the employee fails to meet the criteria of this policy, then the employee is solely responsible for the tuition.

Reimbursement check will be sent to: _____ Student _____ Anderson University (preferred method)

Name of Employer: _____

Address of Employer: _____

Supervisor/HR Director's Name and Title: _____

Supervisor/HR Director's Signature: _____ Telephone #: _____