



Third Party Tuition Reimbursement Deferred Payment Plan

Policy Information:

- Deferred payment enables a student to carry a balance, interest free, for up to one semester while waiting for reimbursement from an employer or government agency. **There is a \$25 administration fee per semester for this option and any known uncovered portion is due on the first day of the semester. The plan must be re-established each semester for which employer reimbursement will be received.**
- I understand that I am responsible to pay the balance in full if my employer does not reimburse me or CCU for the total amount due. This payment must be made according to the following schedule:

Payment Schedule:

Fall 2019 charges due: March 13, 2020
Spring 2020 charges due: July 24, 2020
Summer 2020 charges due: October 16, 2020

- I understand that if I am unable to make a cash, check, or credit card payment for the total amount due on the payment due date, I will be assessed finance fees on any unpaid balances and current payment plans will be cancelled. Furthermore I agree to a six (6) month payment plan for the remaining balance, at which time I will be on student account hold and unable to register for further classes until my account is paid in full, and any future classes taken with CCU will no longer qualify for the deferred payment option. Should I be unable to make payments on the payment plan, the entire account balance due CCU will be transferred to an outside collection agency.
- I understand that the terms and conditions of this agreement are not contingent upon the receipt of a grade, completion of a course, or reimbursement by my employer.
- I understand that I am solely responsible for all tuition and fees due and I understand that if the terms of this agreement are not met, I am responsible for the balance due CCU.
- I understand that I am responsible to keep in contact with the CCU's Student Payments and my employer regarding all payments. If this is done, there should be no last minute surprises in relation to payments, future registration, or graduation.

Date: _____ Semester of Enrollment: _____

I have read and fully understand the terms listed above. All my questions have been answered to my satisfaction and I certify that I am currently employed with _____ (employer) and that I am eligible for their tuition reimbursement program. I hereby authorize CCU to contact said employer to verify my eligibility for reimbursement and determine the status of payment. I understand that submitting an incomplete form or incomplete payment will delay or prevent the processing of this plan.

I have included a copy of my employer's tuition reimbursement policy with this agreement.

I am employed using GI Bill Benefits.

Employer Representative (please print): _____ Phone #: _____

Student Signature: _____ Student Name: _____
(Please print)

ID Number: _____

E-mail: _____ Address: _____

City: _____ State: _____ Zip: _____ Personal phone: _____ Work phone: _____

Payment Plan authorization

I understand that if I am unable to make a cash, check, or credit card payment for the total amount due on the payment due date, I agree to go on a six (6) month payment plan to pay off the remaining balance. During this time I will be on student account hold and unable to register for further classes until my account is paid in full. I understand there is a \$50 enrollment fee that is required to set up the payment plan, and that I will authorize the payments to be paid from my bank account.

Student Signature: _____

Administration Fee Per Semester

A check or money order has been enclosed with this form to pay the \$25 administrative fee. I understand that there is an additional \$25 administrative fee for each semester for which the employer reimbursement will be received.