

# AUGSBURG COLLEGE

## Employer Tuition Reimbursement Payment Plan Application 2011-2012

*The Employer Reimbursement Payment Plan is for students whose employers will reimburse some or all of their tuition upon satisfactory completion of the course. Students are billed a payment plan fee each term and are able to carry the balance of their tuition benefit through the end of the term.*

### Terms and Conditions

- This application must be submitted to the Enrollment Center by the payment due date of the applicable term. The form is required only once each academic year (Fall through Summer) unless the employer changes its reimbursement policy.
- Students enrolled in the payment plan will be charged a \$20 fee each term unless the account is paid in full by the start of the term or if financial aid will cover all costs for the term. This fee is non-refundable after the 100% drop date.
- Students will receive a billing statement prior to the term start date listing courses and associated charges. An itemized listing of charges is available on AugNet Records & Registration under Account Activity.
- Any amount that will not be covered by the employer will be due by the first day of classes each term or can be set up on a payment plan.
- Final payment on any remaining balance is due 60 days after the end of the course. Accounts not paid in full by the due date will receive a monthly \$50 late payment fee and are subject to further collection efforts. Should an unpaid balance ever be turned over to a collection agency, the student may be charged up to an additional 40 percent to cover the costs of collecting a delinquent balance, including any reasonable legal fees.
- The student is responsible for full payment of tuition and fees if the employer does not reimburse for any reason including withdrawal from a course or failure to meet the employer's tuition reimbursement requirements.

*I have read and agree to the above Terms and Conditions. **In order to sign, please print this form.***

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

### Student Information

Name \_\_\_\_\_ Augsburg ID# \_\_\_\_\_

Day Phone \_\_\_\_\_ Augsburg Email \_\_\_\_\_

Amount that will be covered:

\$ \_\_\_\_\_ or \_\_\_\_\_ % per (check one) \_\_\_\_\_ term \_\_\_\_\_ academic year (fall-summer) \_\_\_\_\_ calendar year

**Any amount not covered by the agency is due by the first day of classes.**

### Employer Information

Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Please attach your employer's tuition refund policy to this completed document.**

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_