



EMPLOYER REIMBURSEMENT TUITION DEFERMENT AGREEMENT

KSU STUDENT ID NUMBER

Name (Please Print)

KSU E-Mail Address

Date

Mailing Address

City

State

Zip

Phone

SECTION 1 - TO BE COMPLETED BY STUDENT	<div>TERMS AND CONDITIONS</div> <p>Based on my employer's Educational Assistance Policy, I am requesting deferment of tuition for the following term:</p> <p>Term: _____ Year: _____</p> <p>1 The Employer Reimbursement Tuition Deferment payment option is available to any KSU student attending classes and who meets the following eligibility requirements:</p> <p>a. Students must pay the amount not covered by their employer or a minimum deposit, whichever is greater. For summer, the minimum deposit is \$200.00. For fall and spring, the minimum deposit is \$350.00.</p> <p>b. A signed copy of this application and a copy of the company's Educational Assistance Policy must be submitted to <b>The One Stop for Student Services, P.O. Box 5190, Kent OH 44242</b> or via the <b>One Stop Contact Us Link at <a href="http://www.kent.edu/onestop">www.kent.edu/onestop</a></b>, on/by University published semester due dates. The semester due dates can be found at <a href="http://www.kent.edu/onestop">www.kent.edu/onestop</a>. <i>Classes are subject to cancellation if the required documents and payment are not received by published semester due dates.</i></p> <p>c. Students awarded financial aid that covers the <b>entire</b> cost of their tuition are <b>not eligible</b> to participate in an Employer Reimbursement Tuition Deferment. However, if the student has received a partial award, the amount not covered by financial aid would be eligible for deferment and the student is still responsible for payment of the minimum deposit of \$200.00 for summer or \$350.00 for fall and spring.</p> <p>Certification of Understanding</p> <p>My signature below indicates that I have read, understood and agree to the guidelines stated above. For the summer, I will pay my balance 2 weeks after the end of the session for which enrolled. For fall/spring semesters, I will pay my balance within 42 calendar days after finals week. Failure to do so may result in a non-refundable late non-payment fee of \$100.00 and possible cancellation of future term registration.</p> <div><div>Student Signature</div><div>Date:</div></div>
	<div>SECTION 2 - TO BE COMPLETED BY EMPLOYER</div> <div><div>Employer Name</div><div>Phone Number</div></div> <div><div>Mailing Address</div><div>City</div><div>State</div><div>Zip</div></div> <p>Based on the attached Educational Assistance Policy and the costs presented by the employee, we will cover:</p> <div><div>_____</div> + <div>_____</div> = <div>_____</div></div> <p>Tuition &amp; General Fees (Percentage or Amount) Program &amp; Course Fees (Percentage or Amount) Total (Percentage or Amount)</p> <p>Completion of this document is not a commitment by our company/organization to pay the above amount and the employee must submit the required documentation for our review and receive approval for payment according to our educational assistance policy.</p> <div><div>Authorized Official Signature:</div><div>Title:</div><div>E-Mail Address:</div></div> <div><div>Print Name:</div><div>Phone:</div><div>Date:</div></div>