



EMPLOYER TUITION REIMBURSEMENT CONTRACT

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Phone Number \_\_\_\_\_ (work) \_\_\_\_\_ (home)

E-mail address: \_\_\_\_\_. I, \_\_\_\_\_, state  
(Student Name)

that I am currently participating in my Employer's Tuition Reimbursement Program at my work \_\_\_\_\_ (hereinafter referred to as Employer) for employees enrolled in courses at Avila University. My employer will only reimburse me for the courses listed on Attachment A, after I have successfully completed them in accordance with my Employer's Tuition Reimbursement Program's Policies and Guidelines. I understand that if I am not involved in an Employer Tuition Reimbursement Program I will be required to pay all tuition for all classes at the time of registration. However, in consideration for my signing this agreement and for acknowledging that I am a participant in an Employer's Tuition Reimbursement Program, I agree to pay my tuition and fees according to the following terms:

STUDENTS MUST READ AND INITIAL THE FOLLOWING STATEMENT OF UNDERSTANDING:

\_\_\_\_\_ I will return the \$50.00 enrollment fee and contract to the Avila University Business Office before the first day of the trimester. A \$25.00 late fee will be assessed if contract and enrollment fee are not received by the due date.

\_\_\_\_\_ At the time of signing this agreement I will provide to the Avila University Business Office, documentation on official letterhead or an authorization form from my Employer indicating their Tuition Reimbursement Policy, (attached hereto as Attachment B) along with the name, address, and telephone number of my company's benefit director (unless provided in a previous trimester during the 2007-08 school year). New documentation is required once per school year unless said documentation is course specific then it is required each trimester. Failure to provide this documentation may result in me being withdrawn from my class(es) and/or prohibit my use of this deferred tuition payment plan.

\_\_\_\_\_ I shall be solely responsible for paying the amount of \$\_\_\_\_\_ which represents the tuition, fees and other charges for those courses listed on Attachment A that are covered by my Employer's Tuition Reimbursement Program. Said payment shall be made in full by me within 45 days of completing those courses, even if my Employer should fail to reimburse me for such courses for any reason. Failure to do so will prohibit my further use of this deferred payment plan.

\_\_\_\_\_ Should I withdraw from any of the classes listed on Attachment A, I agree to pay any balance due in accordance with the withdrawal and payment policy as published in the Avila University catalog.

\_\_\_\_\_ With regard to any classes I may take that are not listed on Attachment A and thus, are not covered by my Employer's tuition Reimbursement Program, I shall pay the tuition, fees, and any other charges owed to Avila University for same as it applies to me in accordance with the normal payment policies of Avila University. Payment is due and payable on the generally published date of the academic term that the covered courses are taught.

**A NEW AGREEMENT IS NEEDED FOR EACH TRIMESTER. PLEASE COMPLETE BOTH SIDES.**

*(Please complete both sides)*

\_\_\_\_\_ I am responsible for remitting payments on time in accordance with terms of this agreement. I understand that delinquent accounts will result in the discontinuation of further enrollment and release of transcripts until accounts are paid in full. Furthermore, I understand that late fees will accrue at \$25.00 per month on unpaid balances.

\_\_\_\_\_ I understand that I must complete the credit card information below. A written notice of the payment due date will be sent to me. Tuition will be charged to the credit card number provided if I fail to remit my payment on time in accordance with the terms of this agreement.

Card Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_ (located on signature line of card)

Visa       Mastercard       Discover

Please check here if you would like this credit card charged for your \$50.00 tuition deferment fee.

<b>CARDHOLDER NAME</b>		<b>CARDHOLDER ADDRESS</b>	
<b>CARDHOLDER CITY</b>	<b>CARDHOLDER STATE</b>	<b>CARDHOLDER ZIP CODE</b>	

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

\_\_\_\_\_  
Date

*Please return this form to:*  
Avila University  
Attn: Jenifer Hoback  
11901 Wornall Rd.  
Kansas City, MO 64145

**OR**

*Scan and email to:*  
*Jenifer.hoback@avila.edu*

*Attachments A & B attached hereto.*