

Employer Reimbursement Payment Agreement 2015-2016 Academic Year

The University of Denver must receive a renewed and/or updated form each time the current agreement and its terms have lapsed or the academic year ends. Also, if there is a change in employment status or in the employer's tuition reimbursement program, a new form must be submitted. A **\$45.00 deferred handling fee** and any portion of the charges not eligible for reimbursement must be paid in full by the specified due date on the bill. The deferred amount must be paid by the due date regardless of the status of reimbursement from the employer or grade received for the courses taken. **Your employer has no liability to the University of Denver, this form will not initiate direct billing to your employer.** An additional \$75.00 late processing fee will be applied to your student account if this form is submitted more than 45 days after the first class meeting for the initial specified term of this agreement.

To Be Completed By Student

Name: _____ Student ID or Soc Sec # _____
(last) (first)

Address: _____
(street) (city) (state) (zip code)

Telephone: () _____ () _____ email: _____
(daytime) (evening)

Upon completion of registration the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws or is required to withdraw from the University for any reason, in accordance with University Policy all remaining tuition and other charges are immediately due and payable. All amounts paid after the due date may accrue interest at the rate allowed by law. In addition, the student agrees to pay all collection costs and reasonable attorney's fees if the University takes action against the student to recover any past due amounts. If the student has any overdue charges outstanding, the University may recover those overdue amounts by reducing any payments owed by the University to the student.

This agreement is signed in Denver, Colorado on _____

Student Signature

Date

To Be Completed By Employer

Employer Name: _____ Contact Name: _____

Telephone: () _____ Email: _____

1. Please indicate the amount that will be reimbursed to the employee (percentage and/or \$ amount) for **Academic Year (August – July) 2015-2016**.

Percent (check one) 100 75 50 Other _____
(The entire amount due will be deferred by this percentage)

Dollar Maximum _____ Term Distribution (if applicable) _____

2. Please indicate period of time for which this agreement is valid: circle all that apply
(Selections must be for consecutive terms)

Quarter(s)	Fall	Winter	Spring	Summer
Interterm(s)	Fall	Winter	Spring	Summer
Semester(s)	Fall	Spring	Summer	

Authorized Signature

Date

IMPORTANT! If you are applying for or receiving financial aid, you must report any tuition reimbursement amounts on your award letter. If you are expecting a refund from your financial aid due to this agreement you must contact the Bursar's Office to initiate the process. Please visit our website at www.du.edu/bursar to see the published due dates for each term.

2197 S. University Blvd, U-Hall #223, Denver, Colorado 80208 303-871-4944 FAX 303-871-4401 bursar@du.edu
Office Use Only: Date Received: _____