

EMPLOYER ASSISTED TUITION DEFFERED PAYMENT PLAN

The purpose of this application is to request deferment of the due date of your tuition invoice until the end of the first week of classes of the next term. In order to qualify for this plan you must:

- ✗ be currently employed by an organization that maintains a qualified tuition reimbursement program
- ✗ be accepted and enrolled in a Drexel University part-time undergraduate or graduate program
- ✗ return this application along with the non-refundable participation fee of \$30.00 by the original due date shown on your Billing Statement.

Payment in full of your tuition and fees **must be received by the end of the first week of classes of the next term** in order to avoid being dropped from active student status for non-payment. Should this occur a hold will be placed on your transcript, your current schedule will be canceled and you will be subject to all fees and penalties described in the Student Handbook and the Drexel University Catalog. Questions should be directed to the staff of the Student Receivables Office at (215) 895-1445.

Please make sure that we receive this form along with your participation fee by the original due date shown on your Billing Statement.

If you are a degree candidate, this program is still available for your last term at Drexel. However, **all charges must be paid in full before diplomas are issued.**

APPLICATION

(Please Print All Information Legibly)

Student Name: _____ SSN: _____
 Student Phone: Day () _____ Evening () _____
 College: _____ Degree Program: _____
 Employer Name: _____
 Employer Address: _____ Zip Code: _____
 Employer Human Resource Representative:
 Name: _____ Phone: () _____

Once every academic year please include a copy of your employer’s qualified tuition assistance plan description as well as proof of your current employment status (copy of your company ID, appointment letter, etc.)

Payment of the non-refundable participation fee of **\$30.00** must accompany this application:

_____ Check _____ VISA/MasterCard Account Number: _____
 Expiration Date: _____

Students using their credit card to remit the **\$30.00** must accompany this application and information to: Student Receivables (215) 895-5914 or send to the address on reverse side. Applications must be received before 4:30 pm on the due date indicated on the Billing Statement.

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I have read and I understand the policies and procedures associated with the Employer Assisted Tuition Deferment Plan and Consequences of my non-conformance with such.

Signature: _____ Date: _____