

Employer Reimbursement

This form must be completed by you and your employer and submitted to the Grand View University Business Office each semester, along with a \$25 deferment fee, in order to delay payment of your tuition, pending employer funds. If it is necessary for our office to send a billing statement to your employer, please indicate this below. **Our office must receive this form and payment by the first week of class each semester, or late fees will be assessed.**

Student Information

Name _____
 Last First MI _____
 SSN _____ Grand View Student ID _____
 Semester (Must Complete each Semester) _____

Employer Information

Employer _____
 Supervisor/Contact Person _____
 Employer/Contact Phone _____ Employer Fax _____

Do you need a billing statement for your employer Yes No

Course Information

I plan to complete the following course(s) during this term of enrollment:

Course ID	Title	Credit Hours	Time/Days Class Meets	Day	Evening
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(Attach additional sheet if necessary) Total Credit Hours

By signing this form I acknowledge that I have read and understand the terms of the Tuition Benefit Policy. I also give Grand View University permission to release my financial and/or academic information to my employer, and to obtain information from my employer with regard to my employment status and payments made to me.

Student Signature _____ Date _____

Employer Terms of Agreement (To be completed by employer.)

Employer agrees to pay (amount, percentage, or maximum) per class _____

Employer policy requires the student must receive (grade minimum) _____

Employer agrees to pay by (date) ***Note: All payments due no later than 30 days after grades are posted*:** _____

Employer agrees to issue payment directly to _____

As the employer of this student my signature shows I agree to the above terms.

Employer Signature _____ Date _____

Employer Title _____

Requirements for Employer Reimbursement

** Students who have employer reimbursement where **PAYMENT IS GIVEN TO THE STUDENT** must submit this completed form and pay a deferred payment fee of \$25.00 the first week of class to avoid finance charges. Tuition payment must be received within 30 days of when final grades are posted for semester.

*** Students who have employer reimbursement where **PAYMENT IS SENT DIRECTLY TO GRAND VIEW** will not be charged a deferred payment fee. They must however pay their portion of tuition and fees within the first month of the term to avoid finance charges.

Business Office Use Only

Full-time Tuition \$ _____

Part-time Tuition:

_____ Day Hour(s) @ \$ _____ per hour = \$ _____

_____ Evening Hour(s) @ \$ _____ per hour = \$ _____

Total Tuition Cost = \$ _____

Employer Paying \$ _____ each semester

Out of Pocket for Student \$ _____ each semester

Deferment Fee Charged/Paid

Date Reviewed _____

By _____

Comments _____
