

MARYWOOD UNIVERSITY
Cashier's Office
2300 Adams Avenue, Scranton, PA 18509

“APPLICATION FOR EMPLOYER DEFERMENT OF TUITION PAYMENT”

TO BE ELIGIBLE FOR EMPLOYER DEFERMENT OF TUITION PAYMENT, A STUDENT MUST:

- a. Be gainfully employed by a firm which has a tuition-benefit policy, **and the employer is required to pay directly to Marywood University;**
- b. Furnish a bonafide copy of his/her employer's policy;
- c. Complete the following form and submit it to the Cashier's Office at registration;
- d. Have all previous bills owed to Marywood University paid in full;
- e. Pay all fees by the semester due date or at registration; whichever date is later;
- f. Remit by the due date or at registration the difference in tuition & fees when an employer pays only a percentage thereof;
- g. Make payment within **3 weeks** after the end of the term, if the employer does not reimburse until the end of the term;
- h. Pay in full final semester charges prior to graduation.

All deferments are owed and payable within **three weeks** after the end of the term, whether or not the total amount of the tuition obligation has been paid by the employer. Marywood University reserves the right to accept or reject any employer's tuition benefit policy. If for any reason, a student's application is rejected, the student will be notified of the reason for the rejection.

TO BE COMPLETED BY STUDENT:

I request that payment of tuition for the _____ semester of _____ be deferred as I qualify for the tuition benefit under my employer's policy. I understand and agree that if, for any reason, my employer refuses payment, I take leave of my present place of employment, or if I withdraw from my classes after the 100% cancellation period, I will be responsible to Marywood University for the immediate and full payment of all tuition and fees due.

For the _____ semester of _____, I am enrolled for _____ credits at a total cost of \$_____. **BY SIGNING THIS FORM, I AUTHORIZE MARYWOOD UNIVERSITY TO RELEASE MY GRADES TO MY EMPLOYER.** (Applicable only if Marywood University bills employer directly.)

ID. # _____

Signature of Student

Date: _____

Address of Student

Phone No. _____

TO BE COMPLETED BY EMPLOYER:

I certify that the above-named applicant is employed by our firm and is eligible for tuition benefits in the amount of \$_____ for the _____ semester of _____. **Payment will be made directly to Marywood University within three weeks after the end of the term.**

Date: _____

Name of Firm

Phone No. _____

Address of Firm

Title of Executive Officer

Signature of Executive Officer

TO BE COMPLETED BY MARYWOOD UNIVERSITY, STUDENT ACCOUNTS:

The above information has been reviewed and the applicant is: _____ eligible or _____ not eligible. If not eligible, state reason: _____

Date: _____

Manager, Cashier's Office