

**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 employer must 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 due at registration;
- f. Remit at registration the difference in tuition & fees when an employer pays only a percentage thereof.
- g. Pay in full final semester charges prior to graduation.

All deferments are owed and payable within **two weeks** after the date Grade Reports are issued, whether or not the total amount of my tuition obligation has been paid by your 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 two weeks after Grade Reports are issued.**

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