



## EMPLOYER TUITION REIMBURSEMENT AGREEMENT

\_\_\_\_\_  
**KSU STUDENT ID NUMBER**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**KSU E-Mail Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone**

### TERMS AND CONDITIONS

Based on my employer's Educational Assistance Policy, I am requesting deferment of tuition for the following term\*:

Term: \_\_\_\_\_ Year: \_\_\_\_\_ \* Employer tuition deferment is not offered during Summer sessions.

1. The Employer Tuition Reimbursement Agreement payment option is available to any KSU student attending classes and who meets the following eligibility requirements:
  - a. Students must pay the amount not covered by their employer or a minimum deposit of \$350.00, whichever is greater.
  - b. A signed copy of this application and a copy of the company's Educational Assistance Policy must be submitted to **KSU Bursar's Office, P.O. Box 5190, Kent OH 44242**, on/by University published due dates. The due dates can be found at [www.kent.edu/bursar](http://www.kent.edu/bursar). *Classes are subject to cancellation if the required documents and payment are not received by published due dates.*
  - c. Students awarded financial aid that covers the **entire** cost of their tuition are **not eligible** to participate in an Employer Tuition Reimbursement Agreement. However, if the student has received a partial award, the amount not covered by financial aid would be eligible for deferment and the student is still responsible for payment of the \$350.00 deposit.

#### Certification of Understanding

My signature below indicates that I have read, understood and agree to the guidelines stated above. I am also authorizing my employer to make payments directly to Kent State University. If my company policy requires payment to me, I will pay my balance within 42 calendar days after finals week. Failure to do so may result in a non-refundable late non-payment charge of \$100.00 and possible cancellation of future term registration.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Employer Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

Based on the attached Educational Assistance Policy and the costs presented by the employee, we will cover:

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Tuition & General Fees (Percentage or Amount)    Program & Course Fees (Percentage or Amount)    Total (Percentage or Amount)

Completion of this document is not a commitment by our company to pay the above amount and the employee must submit the required documentation for our review and receive approval for payment according to our Educational Assistance Policy. The charges covered under this agreement are due to the University 42 calendar days after finals week.

\_\_\_\_\_  
**Authorized Official Signature:**

\_\_\_\_\_  
**Title:**

\_\_\_\_\_  
**E-Mail Address:**

\_\_\_\_\_  
**Print Name:**

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**Date:**

OFFICE USE ONLY

Amount Deferred: \_\_\_\_\_ Payment Received (Y/N): \_\_\_\_\_ Policy Attached (Y/N): \_\_\_\_\_ Specialist: \_\_\_\_\_ Date: \_\_\_\_\_