



TUITION DEFERMENT PLAN INFORMATION

TELEPHONE: 244-4418

FAX: 244-4201

Students eligible to receive employer tuition reimbursement may participate in the College of Mount St. Joseph's Tuition Deferment Plan to pay for their tuition. The following are required **each** term:

1. A **Tuition Deferment Plan** form must be completed **each** term and returned to the Student Administrative Services Office with manager's signature. A copy of the **Employer's Tuition Assistance Program Policy** stating the total yearly allowable reimbursement in dollar amount must be attached.
2. Payment of 1/3 tuition and \$15.00 Administration Fee by the confirmation date for **each** term you participate in the Deferment Program. **The \$15.00 Administration Fee is non-refundable if classes are dropped.**
3. Remainder of tuition is due 45 days after last day of session. Service fees will not be charged during the deferment period. Monthly statements will continue to be sent only to confirm that charges are correct.

Also, please note that a transcript/diploma hold will be place on your student account. With this hold in place, any requests for transcripts or diploma will **not** be honored until your account shows a zero balance. The hold will be removed within one week of receipt of payment in full. **Contact the Student Administrative Services Office at 244-4418 if you need help with this form.**

College of Mount St. Joseph Tuition Deferment Plan
(MUST BE SUBMITTED FOR EACH TERM)

Date _____ ID _____ Term _____

Name _____
Last (Please Print) First M.I.

Address _____

City/State/Zip _____

Day Phone () _____ Evening Phone () _____

List the course(s) that will be reimbursed by your employer:

Credit Hours	Dept.	Course #	Course Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Calculate your charges below, please read carefully before entering data:

1. Enter total tuition and fee charges for course(s) listed above: \$ _____
Total Charges

Calculate one-third of your total charges:

$$\begin{array}{rclcl}
 \$ \underline{\hspace{2cm}} & \times & \underline{0.33} & = & \$ \underline{\hspace{2cm}} \\
 \text{Total Charges} & & \text{One-Third} & & \text{One-Third Charges} \\
 & & & + & \$ \underline{15.00} \\
 & & & & \text{Administration Fee}
 \end{array}$$

2. Total amount due by Confirmation date: \$ _____
(MUST BE PAID EACH TERM)

3. Remainder due 45 days after last day of term: \$ _____

To be completed by employer:

Yearly allowable reimbursement amount \$ _____ Fiscal Calendar
(Please check one)

Manager's Signature Company Name Date

Personnel Contact Personnel Telephone No.

OFFICE USE ONLY	
1. CONFIRMATION AMT. PAID _____	4. CODE/NO SERV.FEE ON: _____
2. CONFIRM SESSION DONE: _____	5. CODE/SUBSIDIARY ON: _____
3. \$15.00 ADMIN. FEE ON: _____	