

## Employer Reimbursement Payment Plan

*This plan allows students who receive tuition reimbursement from their employers to defer two-thirds of their tuition payment until 30 days after grades are received. This allows time for tuition reimbursement checks to be issued by the employer. A LETTER MUST ACCOMPANY THIS FORM FROM YOUR EMPLOYER VERIFYING YOUR ELIGIBILITY FOR TUITION REIMBURSEMENT.*

I am employed by \_\_\_\_\_ where I am eligible for coverage by a tuition reimbursement plan. This plan pays the reimbursement directly to me.

I agree to pay 33% of my tuition with the first bill I receive. I request that the due date for the remaining 67% of each semester or term's balance be extended to thirty days after grades are received. I agree to pay my tuition account in full on or before the thirtieth day after grades are received, whether or not my employer has issued the total amount of my tuition obligation to me.

**I understand that finance charges will be charged on all unpaid balances, once classes begin, at a rate of 1% per month.**

I have read and understand the terms of this agreement. I realize that failure to pay according to the terms above may result in my account being placed on Student Administrative Services Hold thus preventing future registration.

I am aware that Western New England University reserves the right to refuse acceptance into this program for any reason.

Western New England University is committed to the principle of equal opportunity in education and employment. The University does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Executive Director of Human Resources, Western New England University, 1215 Wilbraham Road, Springfield, MA 01119-2684. Inquiries concerning the application of nondiscrimination policies may also be referred to the Regional Director, Office for Civil Rights, U.S. Department of Education, J.W. McCormack P.O.C.H., Room 222, Boston, MA 02109-4557.

\_\_\_\_\_  
Student's name (please print)

\_\_\_\_\_  
Student's I.D. #

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Please return this form along with the letter from your employer to:

**Western New England University**  
**Attn: Student Administrative Services Office**  
**1215 Wilbraham Rd**  
**Springfield, MA 01119**

**Or fax to: 413 796-2081**  
**Telephone: 413 796-2080 or 800 325-1122, ext. 2080**