



EMPLOYER REIMBURSEMENT TUITION DEFERMENT 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: _____

1 The Employer Reimbursement Tuition Deferment 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, whichever is greater. For summer, the minimum deposit is \$200.00. For fall and spring, the minimum deposit is \$350.00.

b. A signed copy of this application and a copy of the company's Educational Assistance Policy must be submitted to **The One Stop for Student Services, P.O. Box 5190, Kent OH 44242** or via the **One Stop Contact Us Link at www.kent.edu/onestop**, on/by University published semester due dates. The semester due dates can be found at www.kent.edu/onestop. *Classes are subject to cancellation if the required documents and payment are not received by published semester due dates.*

c. Students awarded financial aid that covers the **entire** cost of their tuition are **not eligible** to participate in an Employer Reimbursement Tuition Deferment. 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 minimum deposit of \$200.00 for summer or \$350.00 for fall and spring.

Certification of Understanding

My signature below indicates that I have read, understood and agree to the guidelines stated above. For the summer, I will pay my balance 2 weeks after the end of the session for which enrolled. For fall/spring semesters, 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 fee 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/organization 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.

_____ **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: _____