

NAME OF EMPLOYEE: _____

NAME OF EMPLOYER: _____

SOCIAL SECURITY NUMBER _____

EMPLOYER SECTION

This verification is to confirm to Walsh University that the above named employee is eligible for tuition reimbursement and wishes to defer payment of tuition.

The employer's tuition reimbursement policy requires successful completion of the courses with a grade of _____ or better to obtain a _____% of tuition reimbursement AND/OR the employee is eligible for a cap amount of \$_____ per year fiscal year.

If the employee fails to meet the criteria of this employer's Tuition Reimbursement policy, then the employee is solely responsible for the tuition.

SUPERVISOR/H.R. DIRECTOR'S NAME: _____

SUPERVISOR/H.R. DIRECTOR'S SIGNATURE: _____

TITLE: _____

TELEPHONE VERIFICATION #: _____

EMPLOYER'S ADDRESS: _____

EMPLOYEE SECTION

I, _____, agree to pay Walsh University any and all educational costs incurred as a result of enrolling and/or taking class(es).

I am responsible for the entire cost of tuition, fees, books and supplies regardless of the amount reimbursed by my employer.

I have met my employer's requirements and am eligible for tuition reimbursement. I am responsible for completing any paperwork required by my employer to receive tuition reimbursement.

I understand that if I withdraw from classes, I am responsible to pay Walsh University the tuition that is owed at that time based upon the withdrawal date (see withdraw/tuition drop policy). Should I receive a grade for which my employer will not reimburse me, I am still responsible to pay Walsh University the costs for that class.

*****IMPORTANT! I agree to make full payment to Walsh University no later than 30 business days after my grades are issued. I understand that my owed account balance to Walsh University must be under \$1,000.00 before I will be permitted to register for any future classes in subsequent semesters. I also understand that any balance over 90 days old, regardless of reimbursement eligibility, will be assessed a 1% per month interest fee.***

Any balances not paid after 150 days from the start of class are subject to collection action. This action includes collection and default charges in addition to the interest fee. Should my account be forwarded to a collection agency, I acknowledge that payment in full (including collection costs and interest) must be made, before I am able to register for any additional classes. In addition, tuition for all future courses must be paid for in advance.

I understand and agree to comply with all the requirements listed above.

Signature: _____

Date: _____