



2027 Employer Reimbursement Form

STUDENT SERVICE CENTER 2020 East Maple St., North Canton, Ohio 44720
Phone: 330.490.7367 Fax: 330.490.7372 Email: studentservicecenter@walsh.edu
Upload to our secure financial aid document portal
(instructions at <https://www.walsh.edu/uploads/securedly-send-documents-to-walsh.pdf>)

You have indicated that you are receiving employer reimbursement. Walsh University is required to consider all resources a student will receive when awarding financial aid. This form notifies Walsh University of the amount of employer reimbursement you will receive and defers the payment of your tuition until after the end of the billing term. Walsh's academic year is different from the calendar year, so you may need to complete two forms in the same academic year. Please complete and *physically* sign the Student/Employee section of this form and have your employer certify the Employer section. Please answer ALL questions below. Incomplete forms will not be processed/honored.

Student/Employee Section

Name of Student: _____ **Walsh Student ID:** _____

Enrollment (# of credit hours):

Spring 2027 (Jan-May): _____ hours Summer 2027 (May-Aug): _____ hours Fall 2027 (Aug-Dec): _____ hours

Will you be filing a FAFSA? Yes No **Are you a graduate of Walsh University?** Yes No

By submitting this form, you agree to the following:

- You are responsible for the entire cost of tuition, applicable fees, books and supplies, regardless of the amount reimbursed by your employer.
- You are responsible for completing any paperwork required by your employer to receive tuition reimbursement and will do so in a timely manner.
- If you are receiving any other form of financial aid in addition to employer reimbursement, please note that financial aid funds will be applied to your student account to satisfy charges first. Any excess amount remaining after charges are satisfied will be returned to you in the form of a refund. Walsh University cannot issue a refund to a student if the excess amount is generated as a result of your employer's payment until **after** payment from your employer is received.
- If you withdraw from classes, you are responsible to pay Walsh University any remaining balance on your account.
- If you receive a grade that renders you ineligible for reimbursement, you are still responsible to pay Walsh University.
- You agree to make full payment to Walsh University no later than **30 days** after the semester ends. After that date, you will be assessed a 1% monthly service charge and be subject to removal from the Deferment Program. Past due accounts of 150 days or more will be assigned to a collection agency and will be subject to 33 1/3% collection costs.
- You understand that 100% employer reimbursement in any given semester may impact any possible Walsh Tuition Discount for which you may be eligible.

I have read and understand the Terms and Conditions listed above.

Student's Physical Signature: _____ **Date:** _____

Employer Section

This verification is to confirm that the above-named employee is eligible for Tuition Reimbursement.

The employer's tuition reimbursement policy requires successful completion of the courses with a grade of _____ or better to obtain _____ % of tuition reimbursement, **AND/OR** the employee is eligible for a capped amount of \$ _____ **per calendar year**. If the employee fails to meet the criteria of this policy, then the employee is solely responsible for the tuition. Reimbursement check will be sent to: _____ Student _____ Walsh University

Name of Employer: _____ **Telephone #:** _____

Address of Employer: _____

Supervisor/HR Director's Name and Title: _____

Supervisor/HR Director's Physical Signature: _____ **Date:** _____