



EMPLOYER TUITION ASSISTANCE PROGRAM
GUIDELINES

Student Name _____ Date _____

Student SSN # or Student ID# _____

Phone number _____

Please read the terms and conditions of the Employer Tuition Assistance Program outlined below. If you have questions, you may contact the Business Office at 610-647-4400 ext. 3175.

The purpose of this application is to apply for the Employer Tuition Assistance Program. In order to qualify you must adhere to the following:

- Each term, submit this form with your registration and one of the following;
 - Employer's Letter of Credit with total authorized amount and employer's signature.
 - Employer's Tuition Voucher with total authorized amount and employer's signature.
 - Employer Tuition Agreement Form provided by Immaculata with total authorized amount and employer's signature.
- Payment to the University must not be dependent upon grade and the University is not responsible for submitting grades to employers.
- Employer must make check payable to Immaculata University and send to: P.O. Box 631, Immaculata, PA 19345. Include student name and ID number on the check.
- Payment is due from employer upon receipt of invoice and no later than 30 days from the invoice date. If payment is not received timely, student will be responsible for all charges and will not be eligible for this program in the future.
- If during the term there are payments made to your account from another source (student loans), these payments will be applied first to your unpaid tuition. Refunds will not be processed until your tuition and fees have been paid in full. Refunds will not be processed for amounts in excess of the account credit balance.
- All invoices must be paid in full before diplomas and transcripts are issued.
- Immaculata University reserves the right to assign outstanding account balances to a collection agency. In this circumstance, the student is responsible for all collection agency fees.

I have read the guidelines for the Employer Tuition Assistance Program and understand that I am responsible for full payment of all charges incurred if for any reason my employer does not pay the University. Failure to make payment will prevent future participation in the program as well as future registration.

Student signature _____ Date _____



EMPLOYER TUITION ASSISTANCE APPLICATION AND AGREEMENT FORM

- Send completed form and required documents to the Business Office for review of employer tuition assistance plan. Mail forms to: Immaculata University, P.O. Box 631, Immaculata, PA 19345 or fax to 610-251-9358.
- Approved applications will be processed and an invoice will be mailed to your employer.
- If application is denied, the student will be notified in writing and charges must be paid in full by the student according to the term due date(s).

STUDENT COMPLETES

STUDENT NAME _____ ID# or SSN _____

STUDENT PHONE _____

Term _____

Course _____ Course Cost _____ Fees _____ Total \$ _____

Course _____ Course Cost _____ Fees _____ Total \$ _____

Course _____ Course Cost _____ Fees _____ Total \$ _____

Total charges \$ _____

EMPLOYER COMPLETES

Company Name _____

Billing Address _____

Contact Name _____

Title/Department _____ Phone _____

Amount authorized for tuition and fees \$ _____

Payment is due upon receipt of invoice and no later than 30 days from the invoice date. Payment to Immaculata University is not dependent on grade.

Authorized Signature _____ Date _____

IMMACULATA UNIVERSITY COMPLETES

Approved _____ Processed _____ Bill sent _____ Payment received _____

Denied _____ Letter sent _____ Date _____

Authorized signature _____