CUAccelerate

Employer Verification of Tuition Assistance Form

This form must be completed and signed by a company representative and the student before deferral will be granted.

Employer:

In order for your employee to be approved for tuition deferment, please provide the following information regarding your tuition reimbursement policy, indicating conditions for and amount of reimbursement to your employee.

_____
Company Name

_____
Street Address   City   State   Zip

_____ $_____
Phone Number   Total Amount of Annual Reimbursement

_____
Conditions of Reimbursement (Minimum Grade, etc.)

_____   _____
Name of Company Representative   Title

_____   _____
Signature of Representative   Date

Student:

If you are part of an employer tuition reimbursement program please return this form with the remittance portion of your bill by the due date. If your employer is not paying all of your charges, you are responsible for payment of the difference by the due date. All semester charges must be paid in full prior to enrollment of the succeeding semester. If payment is not received for your share of the charges by the due date, a late penalty will be assessed. If your tuition is being paid by your employer and requires University billing, you must provide documentation from your employer indicating address and authorized amount to be billed. This form must be filled out every academic year.

I, _____, (please print name) herby certify that I am an eligible employee and that satisfactory arrangements have been made with my employer for the payment of my semester's tuition. I further acknowledge that, according to the terms of my student account, the sum of $_____ (current semester's tuition) is now due in full and payable to Concordia University. I am unable to pay the full amount at the present time, and therefore, promise to pay no later than one month after the end of the current semester.

My signature below certifies my understanding of the employer tuition reimbursement program. I also understand that it is my sole responsibility to submit grades and other necessary documentation in a timely fashion to my employer to allow prompt payment of my tuition. Failure to make payment will result in a financial hold. This will prevent registration for succeeding semesters, access to any grades, official and unofficial transcripts and any correspondence of verification of education from Concordia University. Finally, I certify that I have read and agree to abide by the policies and procedures of Concordia University, Irvine.

_____   E_____   _____
Signature of Student   Banner ID/E #   Date

Return completed form to: **Edgar Lopez/The Bursar's Office**
                                        Concordia University
                                        1530 Concordia West
                                        Irvine, CA 92615-3203