



UNIVERSITY OF LAVERNE

Office of Student Accounts COMPANY REIMBURSEMENT FORM

The company reimbursement plan is available to those students who have an employer which is helping fund their education through a tuition reimbursement program. This plan allows students to put down 25% of the amount due at the time of registration and pay the remaining balance 45 days after the last day of the term/semester. This agreement must be submitted at the beginning of each and every academic year before registration of classes takes place.

SECTION I – To be completed by the student

Student Name (Last name, First name)

Work Phone #

Cell Phone #

Address

City, State, Zip Code

I understand that I am ultimately responsible for payment of all charges incurred on my student account, regardless of the company's agreement. If my account becomes past due, I also understand that the University will place a hold on my account and withhold all academic records and prohibit registration for future terms/semesters at the University. I further agree and understand that if my account becomes delinquent, interest on the outstanding balance may be computed and added monthly to the amount due. I may also incur additional costs for collecting any amount due and/or court costs and/or attorney fees.

In addition to completing this form, it is also necessary for you to log into MyLaVerne and sign up for the Company Reimbursement Plan. To enroll, please follow these steps: Go to www.laverne.edu, Click on MyLaVerne & enter secure area, Click on Student Services & Financial Aid, Click on Student Accounts, Scroll down and click on "My Student Account Center", Click on the Payment Plan tab. There is a \$50 (Term)/\$75 (Semester) deferment fee to enroll in this plan.

By signing this agreement I agree to all terms, conditions and requirements outlined above. Please allow up to 3 days for form to be processed.

Student Signature

Student ID #

Date

Campus where you plan to take classes: _____

SECTION II – To be completed by the employer

I certify that the student listed above is eligible for tuition reimbursement and will receive tuition reimbursement upon meeting the requirements of the company's reimbursement plan. It is also understood that the employee will be reimbursed directly and is responsible for payment of the tuition and fees to the University of La Verne.

Company Name

Company Phone #

Company Address

City, State, Zip Code

Authorized Company Representative (Please print)

Email address

Signature of Authorized Representative

Title of Representative

Date

For Office Use Only:

Academic Year: _____

Date Entered: _____

Entered by: _____