

Deferred Corporate Tuition Assistance Program
Enrollment Agreement Application

Student Information

First Name: _____ Last Name: _____
Phone Number: _____ Email: _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Student ID: _____ Calendar Year _____
Book Voucher: _____ Job Title: _____ Employment Status
Full-time Part-time

Employer Information

I confirm that _____ is eligible for reimbursement from _____
Employer Name: _____ Title: _____
Phone: _____ Email: _____
Employer Signature: _____ Date: _____

Student Disclaimer and Signature

Students who are eligible for tuition reimbursement are responsible for any balance incurred, regardless of employment status, changes in eligibility, or reimbursement status, by the fee payment deadline. Students participating in the plan have the option to use a book voucher in advance to purchase textbooks and course materials, if the employer covers the costs of books up to \$1,000 per semester.

By signing this form, I certify that I am authorized by the employer to sign for this benefit.

Student Signature

Date

Employer Signature

Date