



**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, within 30 days from the end of the term. 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 \_\_\_\_\_

Student Business Services  
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