

CORPORATE TUITION REIMBURSEMENT PLAN FORM

Date: _____ Student ID #: _____ Campus: _____

First Name: _____ Last Name: _____ Tel: _____

Employer: _____ Term: _____

TERMS & CONDITIONS

I certify I am currently employed by the organization noted above where I am eligible for coverage by a Tuition Reimbursement Plan. Attached is a letter from my employer verifying my employment and eligibility in their Tuition Reimbursement Plan. As a result, I request an extension until three weeks after the end of the term noted above so I can submit my grades to the Tuition Reimbursement Plan offered by my employer.

In return for permission to continue in attendance, I promise to pay my term tuition account in full within three weeks after the end of the term, whether or not the total amount of my tuition obligation has been issued to me by my employer. If my employer requires a transcript for payment, Long Island University will release a transcript to them, pending my written or email request for one and payment of any related transcript fees. I understand that I may not be granted any future tuition deferment until this term's balance has been paid in full. I also understand this agreement is a binding obligation. In addition, if any of my corporate reimbursement benefits are reduced or denied by my employer, I am still responsible for all indebtedness for the term noted above and to all terms and conditions noted in the University's Financial Responsibility Agreement.

CERTIFICATION & APPROVAL

I Agree with the Terms & Conditions Noted Above

Supporting Corporate Documents Attached

Student Signature: _____

Date: _____

No signature required – sent electronically from @my.liu.edu

APPROVAL – UNIVERSITY USE ONLY

Supporting Documents Received

Student Placed on End of Term Deferral