

Tuition Deferment Form

Must complete a new form for each semester:

Semester: Fall Winter Spring May Summer
 Year: 20__

Student Name	\$ _____ + Total Semester Tuition
Student ID #	\$ _____ + Total Semester Fees (excludes graduation fee)
Home Address	\$ _____ - Employer Reimbursement Tuition
Home City, State, Zip	\$ _____ - Employer Reimbursement Fees
Home Phone or Cell Phone	\$ _____ - Financial Aid, Grants, Scholarships, and Discounts
Employer Name and Number	\$ _____ = Total Tuition and Fees Due from student by the due date

Instructions for the Tuition Deferment Form:

1. ***Entire*** form must ***be completed and signed each semester. The form must be received prior to the tuition due date.***
2. Only the amount of tuition which is expected to be reimbursed by the employer will be deferred. The student's portion of her/his bill is due ***by the semester tuition due date.***
3. The entire amount of deferred tuition is payable to Cedar Crest College ***no later than four weeks after grades are issued.*** The student is responsible to make payment by this date ***even if they have not been reimbursed by their employer.***
4. Failure to pay by the due date will constitute loss of privilege of the tuition deferment program for future semesters

Promissory Note

I, _____(student), promise to pay Cedar Crest College the sum total of my tuition and fees as noted above, or that part associated with a withdrawal according to the schedule of withdrawals and adjustments of charges in the College Catalog. Payment of deferred tuition shall be submitted to Student Financial Services no later than four weeks after grades are issued. In the event that I do not obtain reimbursement from my employer, for any reason (including withdrawal from courses or termination of employment), **I AM RESPONSIBLE FOR PAYMENT OF THE BALANCE DUE.** If the balance due is not paid, you will incur fees. These fees include, but are not limited to, attorney's fees and / or those charged by a collection agency. Signing below authorizes Cedar Crest College to contact my employer to verify educational benefits.

**Accounts not paid by the due date will be charged a late fee of \$200.00 per month.
 Student agrees to be bound by these terms**

Student Signature

Date

Approved By: _____
Authorized College Signature

Date