



Employer Reimbursement Payment Plan

Enrollment Form

This plan allows students who receive tuition reimbursement from their employers to defer two-thirds of their tuition payment until 30 days after grades are received. This allows time for tuition reimbursement checks to be issued by the employer. A LETTER MUST ACCOMPANY THIS FORM FROM YOUR EMPLOYER VERIFYING YOUR ELIGIBILITY FOR TUITION REIMBURSEMENT.

I am employed by _____ where I am eligible for coverage by a tuition reimbursement plan. This plan pays the reimbursement directly to me. I agree to pay all fees at the time of registration for each semester or term.

For undergraduate students who register prior to one month before the start of classes: I agree to pay all fees owed at the time of registration and 33% of my tuition before the start of classes as a down payment on my account. I request that the due date for 67% of each semester or term's balance be extended to thirty days after grades are received. I agree to pay my tuition account in full on or before the thirtieth day after grades are received, whether or not my employer has issued the total amount of my tuition obligation to me.

For ALL graduate students, and any undergraduate students who register within one month before the start of classes: I agree to pay all fees owed plus 33% of my tuition at the time of registration as a down payment on my account. I request that the due date for 67% of each semester or term's balance be extended to thirty days after grades are received. I agree to pay my tuition account in full on or before the thirtieth day after grades are received, whether or not my employer has issued the total amount of my tuition obligation to me.

I understand that finance charges will be charged on all unpaid balances, once classes begin, at a rate of 1% per month.

I have read and understand the terms of this agreement. I realize that failure to pay according to the terms above may result in my account being placed on Student Administrative Services Hold thus preventing future registration.

I am aware that Western New England College reserves the right to refuse acceptance into this program for any reason. Western New England College does not discriminate on the basis of race, color, national origin, religion, sex, age or handicap in admission, employment, or the provision of services.

Student's name (please print)

Student's SSN

Student's Signature

Date

Please return this form along with the **letter** from your employer

to: Western New England College

Attn: SAS Office

1215 Wilbraham Rd

Springfield, MA 01119

Or fax to: 413 796-2081

Tel: 413 796-2080 or 800 325-1122, ext. 2080

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