Office of the Bursar 25 University Avenue West Chester University West Chester, PA 19383-3120



Phone: (610) 436-2552 Fax: (610) 436-3049

Summer 2018 Employer Reimbursement Plan Application

Part I (to be completed by the Student	Part II
· ,	I hereby cert
Student Name (Printed)	
State it Name (Finited)	Student/Emp
Ctudent WCLUD Number	is currently e
Student WCU ID Number	is currently c
Street Address	Company Na
	and is eligible
City, State, Zip Code	Employer Re
[] []	The above na
Telephone (Home) Telephone (Work)	☐ Tuition
	☐ Technolog
Email	☐ General Fe
Session:	☐ This emplo
o Summer I (May 26-June 30)	toward total of
Summer II (July 2-August 2)	\$
 Summer Post (August 6-August 24) 	<u> ۲</u> ــــــــــــــــــــــــــــــــــــ
nder the terms of this payment agreements:	
1. I agree to pay my tuition account in full no later than	
the payment dates listed on the Bursar Website,	Company Re
whether or not I have completed the coursework or	
have been reimbursed by my employer.	
2. I will pay all amounts not covered by my employer's	Title
reimbursement plan on or before my bill due date. 3. I understand that the plan covers only the amounts	
being reimbursed by the employer.	Company Str
4. I understand that the University may conduct	
random audits to verify my employment status.	
5. I understand that if my account is not paid when due, the following will apply:	City, State, Z
The credit will be removed from my account.	
A hold will be placed on future registration.	Telephone
I will be ineligible for the plan in the future.	•
I wish to apply to Employer Reimbursement Plan as	
offered by West Chester University. I have read the	Signature
terms and conditions stated herein, understand and	Signature
agree to them.	Student: Wh
	submit the
tudent Signature Date	processing.
taaciit Jigilatai C - Date I	

Part II (to be completed by the employer) I hereby certify that	
Thereby certify that	
Student/Employee Na	me (Printed)
is currently employed	at:
Company Name	
and is eligible to partic Employer Reimbursem	cipate in West Chester University's nent Plan.
The above named comp	pany is covering:
☐ Tuition	% OR \$
☐ Technology Fee	% OR \$
☐ General Fees	% OR \$
☐ This employee is elig	gible for a FLAT AMOUNT to be paid
toward total charges as	s indicated below:
\$	
Company Representat	iive
Title	_
Company Street Addre	ess
City, State, Zip Code	
,, ,	
Telephone	Email
тетернопе	Lillali
LSignature	LDate
- 0	- 444
· ·	mployer has completed Part II, n to <u>bursar@wcupa.edu</u> for