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

Student Signature

Date



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

Employer Deimburgement Dian Application

	Part II (to be completed by the ampleyor)
Part I (to be completed by the Student	Part II (to be completed by the employer)
	I hereby certify that
Student Name (Printed)	Student/Employee Name (Printed)
	is currently employed with:
Student WCU ID Number	
	Company Name
Street Address	and is eligible to receive the tuition reimbursement
	_
City, State, Zip Code	benefits indicated below as part of their employment:
City, State, Zip Code	Tuition % OR \$
Telephone (Home) Telephone (Work)	☐ Technology Fee
Email	General Fees % OR \$
CENTETED CECCION DOCCDANA	
SEMESTER SESSION PROGRAM  O Fall O Full Term O Undergraduate	
<u> </u>	
1 3	
o Winter o Session 2 o Doctorate	Company Representative
o Summer o Other o MBA	
YEAR	
	Title
der the terms of this payment agreements:  . I agree to pay my tuition and fees in full no later than the	
payment dates listed on the Bursar's Website, whether	
or not I have completed the coursework or have been	Company Street Address
reimbursed by my employer.	
. I will pay all amounts not deferred by my employer's	
reimbursement plan on or before my bill due date.	City, State, Zip Code
. I understand that the plan defers only the amount being	City, State, Zip Code
reimbursed by the employer.	
. I agree to contact the Bursar's Office if my enrollment	
changes.	Telephone Email
. I understand that the University may conduct random	
audits to verify my employment status.	
. I understand that if my account is not paid when due, the	
following will apply:	Signature Date
A hold will be placed on future registration.	
I will be ineligible for the plan in the future.	If company policy does not permit Part II to be comple
- I will be illengible for the plan ill the luture.	please submit an official letter providing an explanation
ish to apply for the Employer Reimbursement Plan as offered	of tuition benefits for the employee/student.
West Chester University. I have read the terms and conditions	or tartion benefits for the employee/student.
ted herein, understand and agree to them.	Student: When your employer has completed Part II
	Student: When your employer has completed Part II,
	submit the application to <a href="mailto:ERPlan@wcupa.edu">ERPlan@wcupa.edu</a> . An email

confirmation will be sent when the application is processed.