

### Spring 2019 Employer Reimbursement Plan Application

#### Part I (to be completed by the Student)

Student Name (Printed)

Student WCU ID Number

Street Address

City, State, Zip Code

Telephone (Home)

Telephone (Work)

Email

#### SESSION

- Full Term
- Session 1
- Session 2
- Other

#### PROGRAM

- Undergraduate
- Graduate
- Doctorate
- MBA

Under 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, 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 reimbursement plan on or before my bill due date.
3. I understand that the plan covers only the amounts being reimbursed by the employer.
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:
  - The credit will be removed from my account.
  - A hold will be placed on future registration.
  - 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 terms and conditions stated herein, understand and agree to them.

Student Signature

Date

#### Part II (to be completed by the employer)

I hereby certify that

Student/Employee Name (Printed)

is currently employed at:

Company Name

and is eligible to participate in West Chester University's Employer Reimbursement Plan.

The above named company is reimbursing the employee:

- Tuition  % OR \$
- Technology Fee  % OR \$
- General Fees  % OR \$

This employee is eligible for annual benefits to be paid toward total charges as indicated below:

\$

Company Representative

Title

Company Street Address

City, State, Zip Code

Telephone

Email

Signature

Date

**Student:** When your employer has completed Part II, submit the application to [ERPlan@wcupa.edu](mailto:ERPlan@wcupa.edu) for processing.