

Deferred Payment Option - Employer Reimbursement

Eligibility

- Any student using tuition reimbursement from their employer may be eligible to participate in this program.
- The student must request the Deferred Payment Option each academic year.
- This application must be provided to Student Financial Services at least 10 days prior to the start of each academic year.
- Continued participation in the Deferred Payment program is dependent upon a satisfactory payment history.
- Argosy University reserves the right to deny or discontinue participation in the program.

Program Policies

- Up to 100% of your tuition is eligible for the Deferred Payment Option pending verification with your employer.
- You, not your employer, are responsible for payment of your tuition by the date it is due.
- You must complete the application below and authorize Argosy University to contact your employer to verify eligibility.
- Your employer must sign the application in the space provided.
- Your employer must cooperate with the school's attempt to validate your eligibility for employer tuition reimbursement.
- The deferment is applied to the portion of your tuition and fees confirmed as reimbursable by your employer.
- The deferment does not reduce your debt; it simply allows you to postpone payment of your reimbursable amount.
- If you become ineligible for reimbursement, you must contact your assigned Financial Services representative.
- Non reimbursement to you by your employer by the date tuition is due is not an exception to this policy.
- The deferred amount payable by you within 30 days following the end of the academic year that deferment was granted.
- Further extensions of payment cannot be granted to match your employer's reimbursement timeframes.

Verification of Employer Tuition Reimbursement Eligibility

Academic Year Requested: _____

Request Date: _____

Student Name: _____

Student ID: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Mobile Number: _____

Employer Name: _____

Employer Representative's Name: _____

Employer Address: _____

Employer Representative's Phone Number: _____

Signatures Required:

Employer Representative's Signature
Student's Signature

***My signature above authorizes Argosy University to contact my employer to verify my eligibility for tuition reimbursement for the courses I am presently enrolled in for the academic year stated.*

Deferred Payment Option - Instructions and Promise to Pay

Instructions

- Complete the above form in its entirety. A new form will be required for each academic year.
- Obtain your employer's signature.
- Attach a copy of your employer's tuition reimbursement policy or eligibility criteria.
- Send this form and its attachments to the Student Financial Services Department at Argosy University at least 10 days prior to the start of the semester.
- If you have questions, contact your Student Financial Services Department.

Student's Signature: _____

***I understand that, as the student, I am responsible for payment of my tuition even if I do not receive reimbursement from my employer for any tuition by the due date. I also have read and understood each of the program policy statements written above. I intend any facsimile of my signature on this agreement as printed by Argosy University to be equal to and enforceable as my original signature and that such a facsimile copy of this document to be deemed a counterpart to the original document and, therefore, enforceable in court or other tribunal. (Return completed form with your registration.)*