

EMPLOYER TERMS OF AGREEMENT

_____ SEMESTER _____

This form must be completed if your employer is paying all or any part of your tuition. You will also be required to pay a deferred payment fee of \$47. It is your responsibility to contact your employer for all the details of your particular tuition reimbursement plan. You must verify your place of employment when you complete payment arrangements. You will be required to present verification of employment and/or your employer's tuition reimbursement policy on company letterhead for every term.

For the consideration of Our Lady of the Lake University allowing me to defer payment of tuition and other fees until completion of my course(s) and subsequent reimbursement under the terms of my employer's benefit plan, I acknowledge the following:

1. I am solely responsible to Our Lady of the Lake University for payment of all costs associated with my enrollment for this academic session, whether or not I meet the requirements of my employer benefit plan.
2. I am aware of all policies pertaining to drops and refunds and other matters as stated in Our Lady of the Lake University's catalog or other appropriate publications.
3. I understand that transcripts/diplomas will not be released until all financial obligations to Our Lady of the Lake University have been met.
4. I authorize Our Lady of the Lake University and my employer to communicate on any and all academic and financial information that may be required.
5. The employer portion is due on or before: **30 days after the last day of class for the semester for which this form is being completed.**
6. I agree to immediately notify the Student Business Office upon any changes to my employer's benefit plan that impacts this agreement or upon termination of my employment as disclosed below.
7. In the event of default, I promise to pay Our Lady of the Lake University the amounts incurred as court costs and attorney fees in an amount assessed by the court and/or any collection fees assessed by an agency in the business of collecting just debts. I agree that all financial obligations to OLLU are incurred for educational purposes and are considered a Qualified Educational Loan as defined in Section 221(D)(1) of the internal Revenue Code.

I certify that _____ is an employee of _____ and is eligible for education benefits consisting of (check one):

_____ Tuition only in the amount of _____ dollars **OR**

_____ Tuition **AND** fees in the amount of _____ dollars.

Total annual educational benefit from this company is _____ dollars.

Student Signature

Date

HR Representative or Supervisor's Signature

Date

Title

Business Number