COMPANY REIMBURSEMENT FORM

STUDENT'S NAME: (Please Print)			
STUDENT'S UNIVERSITY ID NUI	MBER:		
COMPANY NAME:			
COMPANY ADDRESS: Please choose only one of the option then the appropriate time period the company of the comp		dollar amt OR percenta	ge covered AND
DOLLAR AMOUNT COVE (Circle 1 of the 4) This Term Only			
PECENTAGE OF TUITION (Circle 1 of the 4) This Term Only			
* * * * * * * * * * * * * * * * * * *	mbursement will be deferrent will be deferrent with the second state of the mbursed less than 100% of the	ed until the end of the term a ster- May 15 th , and Summe total tuition, the student mu	ccording to the er Trimester-st pay the remaining
The student is ultimately responsible for the company's agreement. According payment of all charges. The student is reduced date. In the event that payment is not non-refundable late fee of \$50.00 and defining balance.	gly, the student must make sponsible for ensuring that of received by due date, the	arrangements each trimeste any outstanding balance is p student's account will be ch	r to ensure ultimate paid on or before the parged a
Students should also be aware that the retuition reimbursement from their comparpolicy regarding company reimbursement and/or scholarships received.	ny. It is the students' response	nsibility to review and unde	rstand their company
This agreement must be submitted at the attend for one or more terms, the student employed by the company. Failure to tin and the student's account being automatic	's company changes policy nely submit proper docum	or amount covered, or the sentation will result in loss of	tudent is no longer
I have read and agree to the aforemention Student Accounts to release information			the Office of
Student's Signature	Emp	oloyer's Name and Title	please print)
Work phone number:	Emp	oloyer's Phone Number:	
Date:Form Last Revised on 6/06/08		oloyer's Signature (please pri	nt)
1 OTHI LAST INEVISED OIL 0/00/00	Emp	noyer a biginature (piease prii	1t <i>)</i>