

PEPPERDINE UNIVERSITY

Graduate School of Education and Psychology

COMPANY REIMBURSEMENT VERIFICATION FORM

STUDENT'S NAME: _____
(please print)

STUDENT ID NO: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

AMOUNT COVERED: _____
(Please indicate a dollar amount or percentage that will be paid by company)

PERIOD COVERED: _____
(Please indicate either: This Term Only, Per Calendar or School Year, or Entire Program)

Tuition covered by Company Reimbursement will be deferred until the end of the term according to the following due dates: Fall Trimester- January 15th, Spring Trimester- May 15th, and Summer Trimester- September 15th.

The student is ultimately responsible for payment of all charges incurred on the student account, regardless of the company's agreement. Accordingly, the student must make arrangements each trimester to ensure ultimate payment of all charges. Payment must be received on or before the due date to avoid a non-refundable late fee of \$50.00 and delinquency charges of .833% per month on any unpaid balance.

If the company reimbursed less than 100% of the total tuition, the student must pay the remaining balance, or the portion not eligible for company reimbursement according to the Simple, Two Payment, or Three Payment Option.

This agreement must be submitted at the start of each new term if it only defers one term, the student does not attend for one or more terms, the student's company changes policy or amount covered or the student is no longer employed by the company. Failure to submit proper documentation will result in loss of deferment privileges and the student's account being automatically placed on the Simple Payment Option.

I have read and agree to the aforementioned payment agreement and hereby give my consent to the Office of Student Accounts to release information to and discuss my student account with my employer:

Student's Signature

Employer's Signature

Work Phone Number

Employer's Name and Title (please print)

Date

Employer's Phone Number