
Employer Reimbursement Form

Term I II III 20__

Student's Name (last name first)

Student I. D. #

Name of Employer

Employer's Billing Address (Street, City, Zip)

I hereby represent and certify as follows:

1. I am an employee in good standing of the above company and I am eligible to receive tuition reimbursement or my employer has agreed to make payment of my tuition directly to the University of Detroit Mercy.
2. **I have submitted documentation from my employer as proof of my tuition benefits.**
3. In the event my employer's program does not cover the full amount of my tuition and fees; I will pay the difference at the time of my registration or in accordance with the tuition reimbursement policy at the University of Detroit Mercy.
4. **I agree to pay in full by the 60th day after the end of the term. If payment in full is not received within 60 days after the last day of the term, I understand that a hold will be placed on my records that will prevent me from registering for subsequent terms and from receiving transcripts or diplomas.**
5. I must pay any fees for late registration and/or service charges of 1.5% per month assessed on my account.
6. University of Detroit Mercy has the right to deny me future use of this payment option if I don't honor this agreement.

RETAIN YOUR ITEMIZED STATEMENT FOR SUBMISSION TO YOUR EMPLOYER, YOU WILL ONLY RECEIVE ONE ITEMIZED STATEMENT.

I hereby certify that I have read the provisions and fully understand them and agree to comply with them completely.

Student's Signature

Date

UNIVERSITY CERTIFICATION

I have examined the provisions of the employers Sponsored Tuition Program and have found this employee's status to be acceptable.

University of Detroit Mercy

Date