

Aquinas College Employer Tuition Reimbursement Plan Form

This form must be submitted to the Student Accounts Office by 10th day of the semester/quad to avoid late fees.

**Student Accounts Office
Aquinas College
1700 Fulton St E.
Grand Rapids, MI 49506
Phone: (616) 632-2864
Fax: (616) 732-4482**

The Employer Tuition Reimbursement Payment Plan allows you to defer your tuition payment for up to six weeks following the completion of any course. Each semester you participate in the Employer Tuition Reimbursement Plan, you must complete this application, provide an eligibility letter from your employer and pay a \$35 processing fee. It is your responsibility to follow the procedure established by your employer to receive reimbursement for your tuition. You, not your employer, are responsible for all costs you incur at Aquinas College. It is your responsibility to notify Aquinas College if your employer changes.

If you register, and then drop a class, you must follow established procedures outlined in the Aquinas College Refund/Charge Policy. Past due balances will jeopardize your future eligibility for participating in this plan. Students with past due balances are not allowed to register for classes or receive transcripts.

Default: Default is defined as failure to pay amounts by due dates. I understand that if my account becomes delinquent (if I default):

- Aquinas College may assess a late charge if I fail to make a payment by the due date (6 weeks after classes end). Any amount not paid by me under this agreement, by the due date, shall accrue late fees at the rate of 1% per month on the unpaid balance.
- If payment is not made by the due date I may be ineligible to utilize the payment plan option in the future.

Aquinas College may refer any outstanding balance to a collection agency or litigate to ensure payment. You agree to pay Aquinas College for all collection agency fees, based on a maximum percentage of 33.3% of the debt, as well as any other fees the College incurs in collection efforts including reasonable attorney fees. This Agreement applies to any delinquent amounts now due to the College and to those which I may incur in the future. Aquinas College may disclose that I have defaulted, along with other relevant information. By providing a telephone number, I understand, agree and give express consent that Aquinas College or anyone working on their behalf, including third party vendors, may contact me at the number provided by manually dialing the number or by using automated dialing technology.

Name _____ Semester _____

Student ID # _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Employer Name _____

Employer Contact Name _____ Employer Contact Phone # _____

Signature _____ Date _____

Your signature above gives Aquinas College the right to contact your employer to verify employment and eligibility of tuition reimbursement.