

MARIST COLLEGE

****10 WEEK ACCELERATED/ FISHKILL/GOSHEN/ WEEKEND PARALEGAL ONLY****
TUITION DEFERMENT APPLICATION
OFFICE OF STUDENT FINANCIAL SERVICES
845-575-3230

Students eligible for tuition reimbursement through their employer may defer the portion of tuition payable by their employer. To apply for a deferment, students must complete this form in its entirety and submit it at the time of registration. Students deferring funds for the first time are required to submit a copy of their employer's tuition reimbursement policy and pay a \$300 deposit or any amount not covered by their employer, whichever amount is greater. Each semester thereafter the student must pay any amount not covered by their employer's policy. In the event that the student changes employers, a copy of the new employer's tuition reimbursement policy must be submitted when registering for classes.

Semester _____ Year _____

Student Name: _____ CWID# _____

Student Address _____

Home Phone: _____

Work Phone: _____

Please list courses and any applicable fees for which you will request tuition reimbursement.

_____	_____	_____	\$ _____
<i>Course number</i>	<i>Course Title</i>	<i>Credits</i>	<i>Tuition Cost</i>
_____	_____	_____	\$ _____
<i>Course number</i>	<i>Course Title</i>	<i>Credits</i>	<i>Tuition Cost</i>
_____	_____	_____	\$ _____
<i>Course number</i>	<i>Course Title</i>	<i>Credits</i>	<i>Tuition Cost</i>
_____	_____	_____	\$ _____
<i>Course number</i>	<i>Course Title</i>	<i>Credits</i>	<i>Tuition Cost</i>
			\$ _____
			<i>Fees</i>
		Sub-total Tuition & Fees	\$ _____

Have you applied for or are you eligible for financial aid or tuition assistance from any other source?

YES _____

NO _____

If yes, please provide details _____

(over please)

TO BE COMPLETED BY AUTHORIZED EMPLOYER REPRESENTATIVE

I hereby certify that _____
Name of employee
is employed at _____ and is eligible for tuition reimbursement in the
Company name
amount of \$ _____ or _____ % for the courses listed on the reverse side of this form .

Name of authorized employer representative (please print) Title

Signature Date

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE'S COMPANY NAME _____

COMPANY ADDRESS: _____

EMAIL ADDRESS: _____

EMPLOYEE'S TITLE _____

I, _____, promise to pay Marist College the balance of my account for the semester indicated on this form by its due date (Fall I due December 30) (Fall II due March 30) (Spring I due June 30) (Spring II due September 30) regardless of whether or not I have been reimbursed by my employer. I understand that if my account is not paid by the due date specified on my current semester's bill, I will be assessed a late fee of \$50 per month until the balance is paid in full.

I understand that should my account fall into arrears, I will not be permitted to register for any subsequent semesters, nor will my transcript or diploma be released until my past due balance is satisfied. In the event of default, I will be responsible for the principal balance and all collection costs associated with the resolution of this debt. Any future privilege of tuition deferral will be revoked.

Total Amount Tuition & Fees this semester	\$ _____
Minus Deferral Amount Covered By Employer Reimbursement	\$ _____
TOTAL AMOUNT DUE FOR CLEARANCE*	\$ _____

* This amount does not include any amounts due from prior semesters.

I agree to the terms above and certify that the Employer Representative signing above has the authority to approve my tuition reimbursement eligibility.

Signature of Employee/Student Date

If you have questions or need assistance with this form, please contact the office of Student Financial Services at 845-575-3230.

Marist approval _____ Date _____