

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 **each semester** and submit it for financial clearance. Each semester students must pay any amount not covered by their employer's policy. Students using tuition deferment for the first time must submit a copy of their employer's tuition reimbursement 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 _____