

TUITION REIMBURSEMENT PAYMENT PROGRAM APPLICATION & AGREEMENT

NAME:		Phone #		
(Last, First, Mid	dle)			
HOME ADDRESS:				
CITY:	STATE	ZIP CODE:		
B-W PROGRAM OR COURSE OF	F STUDY:			
Undergrad (Day)	_ Undergrad (Eve/Weekend)	_MASTERS		
Employer:	Job Title:			
A NEW FORM MUST BE COMPLE	ETED EACH SEMESTER. INCOMPLETE H	FORMS WILL NOT BE APPROVED.		

Fall Spring Summer Semester of Year 20

Fall_____Spring_____Summer____Semester of Year 20____(This includes .417% monthly interest on unpaid balance (APR = 5%)

STUDENT AGREEEMENT

SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT AND ACCEPTANCE OF THE TERMS AND CONDITIONS OF PARTICIPATION IN THE BW TUITION REIMBURSEMENT PAYMENT PROGRAM (TRPP).

As stated in the Baldwin Wallace University Bulletin, payment of all tuition and related charges are due <u>IN</u> <u>FULL</u> prior to the first class of <u>EACH TERM</u>. By completing this form you are requesting a variance from the usual account payment requirements because your costs for University schooling will be paid by your employer at a future date.

- 1. It is understood that INTEREST CHARGES, assessed on the student account while enrolled in this special program, WILL NOT BE WAIVED. Participants in this program will be charged interest at the monthly rate of .417%. Interest payments will not be deferred along with tuition. As such interest payments must be remitted each month during the semester while enrolled in the TRPP program.
- 2. Employer reimbursement must be remitted to BW when received from employer or within 30 days of the end of each semester whichever occurs first. You agree that any remaining amount not covered by your employer reimbursement will become your responsibility to pay on or before the above stated deadline. Any amount known not to be reimbursable by your employer must be paid to BW prior to the beginning of class.
- 3. Any class preregistration that takes place during the current semester, while you are participating in this Tuition Reimbursement Program, will be accepted on a provisional basis pending full payment of current term charges according to the requirements of this agreement. Failure to execute your requirements in this agreement may result in cancellation of your subsequent semester preregistration.
- 4. Students with delinquent accounts are subject to removal from the TRPP program and may be required to remit full payment of subsequent term charges prior to the start of class for that term.

5. I understand that participation in the TRPP program is subject to the approval of the University Bursar's Office. I have read and understand the above and acknowledge my obligation and my responsibility for full payment of all tuition and charges that are related to my attendance at Baldwin Wallace University. I further agree to make monthly interest payments, for monthly interest charges reflected on my student account/statement, while I await my employer tuition reimbursement.

Signed	Dated	

COMPANY VERIFICATION

Your employee is applying to Baldwin Wallace University for a variance of our normal billing/payment requirement. Please furnish us with the following information related to your reimbursement program.

REIMBURSEMENT INFORMATION:

Please give details below or attach your company's reimbursement program.

Company reimbursement will include payment for (check all that apply)
TuitionStudent Fees Books/Supplies Finance Charges
Other costs paid by Company:
Reimbursement payment is made (check one):
Direct to employee Direct to University Co-payable

EMPLOYER AGREEMENT: (INCOMPLETE FORMS WILL NOT BE APPROVED)

It is understood that it is the University's policy that all tuition and related University costs must be paid in full before the last day of classes for each term. We understand that such a policy is incompatible with your tuition reimbursement program as you may need to verify satisfactory completion of class(es) before tuition is paid. Therefore, we will extend the payment due date by 30 days after the end of the term. The student is expected to forward verification of completion of the course(s) to you during this time for reimbursement and remit full payment to BW for the term deferred within the 30 day deadline. Please advise the University Bursar's Office of any additional information or changes in your reimbursement policy that may affect the eligibility of the student's enrollment in the Baldwin Wallace University TRPP program.

Company Name:

	Phone #		
Address:			
City:	State:	Zip:	
I understand and agree to the terms of this T	RPP agreement.		
Signature of company representative:		Title:	
Print name of company representative:			