

[Place Employer Letterhead Here]

EDINBORO UNIVERSITY EMPLOYER TUITION REIMBURSEMENT AGREEMENT

Student Name _____ Student ID# _____
Semester _____
Course #(s) and Title(s) _____

STUDENT CERTIFICATION

Employer Reimbursement ☐ I agree to pay a deposit that is equal to 20% of my outstanding balance for the term listed above in exchange for deferring the remainder of my balance due to Edinboro University for the semester listed above.

I understand that this agreement is not complete until I electronically enroll in the Tuition Reimbursement Plan on my student eBill account. During the enrollment process, I will be required to pay a deposit equal to 20% of my outstanding balance for the term listed above. I authorize automatic payment of any unpaid balance due on the 60th day after the end of the term of this agreement.

Student Signature _____ Date _____

EMPLOYER CERTIFICATION

Amount of tuition authorized: \$ _____ /credit or _____ % of tuition
Amount of fees authorized: \$ _____ All or None

Employer will pay: ☐ Employee/Student ☐ Edinboro University

Employer Name/Address _____

Contact Name _____ Phone Number _____

The Employer agrees to pay the amounts shown above on receipt of the employee/student's final grades for the course(s) taken.

Employer Authorized Signature _____ Date _____

Instructions:

Send this completed Tuition Reimbursement Agreement to the **Bursar's Office** by the **due date** shown on the semester eBill invoice. The student will receive an email from the Bursar's Office at their student (scots.edinboro.edu) address with instructions to log into e-bill and enroll in the payment plan. Failure to enroll in the payment plan will nullify this Agreement and the account balance will become payable by the due date. Reminder: A new Tuition Reimbursement Agreement must be completed each semester.