



MISERICORDIA
UNIVERSITY

Tuition Reimbursement Application

DATE: _____

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

STUDENT ID or LAST 4 SSN: _____

HOME PHONE #: _____

CELL PHONE #: _____

E-MAIL ADDRESS: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S CONTACT PERSON: _____

EMPLOYER'S CONTACT PERSON'S PHONE #: _____

As a member of the Tuition Reimbursement Program at Misericordia University, I agree and understand the following terms:

- **I WILL PROVIDE A LETTER FROM MY EMPLOYER DETAILING THE TERMS OF MY TUITION REIMBURSEMENT BENEFIT.**
- I am responsible for notifying MU of any change in employment or benefits.
- I am responsible for payment in full thirty (30) days after issuance of grades, regardless of when my employer submits payments
- If payment in full is not received within the thirty (30) day grace period, I may be removed from the Tuition Reimbursement Payment Plan.
- If my reimbursement benefits are less than 100% I must pay costs not covered by benefit prior to the start of the semester.
- If I fail to enroll in consecutive semesters, I will have to submit a new Application to the Student Financial Services Office
- **The thirty (30) day grace period does not apply in the semester I am graduating**

STUDENT'S SIGNATURE

DATE