



TUITION DEFERMENT APPLICATION-Graduate & Undergraduate

Section A: Completed by Student

Student Name _____ SSN # XXX-XX- _____
Employer Name _____ Student's Phone () _____
Employer Address _____ Employer's Phone () _____
Cohort Name: _____

1) Tuition deferment is requested for the selected term:

School of Professional Studies
Term
_____ Spring 2019 (Accelerated Degree Programs, Graduate Programs or Certificate Programs)
_____ Summer 2019 (Graduate Programs only)
_____ Fall 2019 (Accelerated Degree Programs, Graduate Programs or Certificate Programs)
A Fee of \$75.00 per term is payable to Albright College for participation in the deferment program. Fee is due prior to the first day of classes in the term.

2) Indicate the course(s) for which reimbursement will be provided for specific term:

Statement of Financial Responsibility:

I promise to pay Albright College my total financial obligation (including tuition and fees). I understand and acknowledge that in the event any anticipated funds are denied or are otherwise not forthcoming, or in the event that I stop attending Albright College for any reason, my total financial obligation shall become due and payable immediately. I understand and acknowledge that failure to fully satisfy my total financial obligation may result in collection and/or legal action brought against me by Albright College. Further, I understand and acknowledge that I am fully obligated and responsible for any and all charges associated with such collection and/or legal action including, but not limited to, the reasonable attorney fees of Albright College. I irrevocably agree that any suit, action or proceeding arising hereunder or with respect hereto will be instituted in the Court of Common Pleas of Berks County, Pennsylvania, or the United States District Court for the Eastern District of Pennsylvania and irrevocably and unconditionally submits to the jurisdiction of each such Court for such purpose.

Payment of deferred charges is due no later than 30 days from the conclusion of the class.
Students will continue to receive monthly statements during the deferment period.
All tuition is the responsibility of the student.

Signature indicates consent of financial responsibility as well as authorization for employer to submit information to Albright.

Student Signature _____

Date: _____

When Section A is complete, forward this sheet to Employer to complete Section B (reverse side)

Section B: Completed by Employer –Current tuition rates are available at:

<https://www.albright.edu/school-professional-studies/financial-aid/tuition-and-fees/>

1. Is reimbursement given _____ before or _____ after grades are received?

2. Are Web-based grades acceptable? _____ Yes _____ No

Amount to be reimbursed: \$ _____ for _____ number of courses.

Expected date of payment: _____

Please accept this as verification that the student listed on the reverse side is eligible for the tuition reimbursement as shown.

Authorizing Official's Signature: _____

Date: _____

Title: _____

Phone () _____

When complete, forward this sheet to:

Student Accounts Office

Albright College

13th and Bern Streets

P.O Box 15234

Reading, PA 19612-5234

Fax: 610-929-6514/ Email: Studentaccounts@albright.edu

Deferment will not be valid unless signed by both student and employer

AND

The specified fee is received.

Thank You.