Terms and Conditions

(Retain this portion for your records.)

1. **Enrollment in the Employer Reimbursement Program**:

   The student must provide each item:
   A. Completed and signed Application and Participation Agreement.
   B. Pay the non-refundable application fee of $10.00.
   C. A letter from your employer stating the terms of the company's tuition reimbursement policy and your participation in the company's program.

2. **Payment Terms**: 33% of the semester's total tuition and lab fees must be paid as billed by the University. Students who register after the due date must pay at the time of registration. Final payment is made within four weeks of the last day of final exams for the semester of enrollment. (See front panel for due dates.)

3. **Late payment Fee**: Late payments will be assessed a $150.00 late fee.

4. **Changes:** Participant must furnish the Cashier a written notice of any change in the number of credit hours taken.

5. **Timely Payment**: The participant is required to remit full and timely payment to the University regardless of the employer's failure to comply, change of employment or other change of circumstances.

6. **Availability**: The Employer Reimbursement Program is available to part-time students.

7. **Participation**: Failure to comply with any of the Terms and Conditions will prevent the student's further participation in the Program.

8. **Semesters**: The Employer Reimbursement Program is available fall and spring semesters only. The summer sessions are not included in the program.

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JCU Employer Reimbursement Application & Participation Agreement

These three sections **must** be completed by the student.

Use only the appropriate semester worksheet.

Name & Address

Name _____ ID Number _____

Street _____ Apt. _____

City _____ State ____ Zip _____

Telephone (Day) (___) _____ Telephone (Evening) (___) _____

Semester Information

Fall Semester

Tuition & Lab Fees $_____

Multiply by 33% (X .33) $_____

Amount Due on Published Date $_____
Or upon ERP Program Registration

Amount Due Four Weeks from last day of final exams $_____

Spring Semester

Tuition & Lab Fees $_____

Multiply by 33% (X .33) $_____

Amount Due on Published Date $_____
Or upon ERP Program Registration

Amount Due Four Weeks from last day of final exams $_____

Signature

I have read and agree to the terms and conditions of the Employer Reimbursement Program and wish to enroll in the Program for the ___ **Fall 20___or** ___ **Spring 20____ Semester** (Select one).

I understand that failure to comply with these terms will prohibit my further participation in this program.

I am employed by _____ (Company) in _____ (Department)

My work telephone number is: (___) _____

_____ (Signature) _____ (Date)

Bursar's Office Use Only

_____ Application Received _____ / _____ / _____
_____ Employer Letter Received
_____ $10.00 Application Fee Received

Your application is returned to you for the following reason(s).	
	Application Not Signed
	No Application Fee
	No Employer Letter

Return to:

JOHN CARROLL UNIVERSITY
CASHIER'S OFFICE
1 John Carroll Blvd.
UNIVERSITY HEIGHTS, OHIO 44118
216- 397-4494

Employer Reimbursement Program

John Carroll University
Cashier's Office
1 John Carroll Blvd.
University Hts., Oh 44118
(216) 397- 4494

How the Program Works

Part-time students pay 33% of the Semester's tuition and lab fees as billed by the University. Payment of the remaining 67% of tuition is postponed until four weeks after the last day of final exams. Students enroll in the program at the time of Registration by providing the Cashier in the Student Service Center with all of the following:

1. Employer letter of eligibility
2. $10.00 Application Fee
3. Signed Participation Agreement

The above items must be submitted together. Enrollment in this program closes two weeks after each semester begins.

Tuition Due Date	**Fall**	**Spring**
First Payment	August 1st	January 1st
Final Payment:	Four weeks from the last day of final exams	

Please read this brochure in its entirety before enrolling in the Employer Reimbursement Program.