



AMERICAN UNIVERSITY

W A S H I N G T O N , D C

STUDENT ACCOUNTS

## EMPLOYER SPONSORED, TUITION DEFERRAL PROGRAM

Dear Student:

You have expressed an interest in the above deferred payment program, which allows postponement of employer paid tuition until the end of the semester. Participants are required to forward their employer's payment no later than 30 days after the term ends. If you will need to show your employer your grades, you will need to request a "Grade Report" (not a transcript) from the Registrar's Office at the end of the semester.

The following prerequisites have to be fulfilled upon registration. Failure to meet any of the terms excludes you from the program:

- Complete and return the Application Form (copy enclosed).
- Submit signed (by authorized employee) employer letter detailing their actual tuition benefit policy. The letter needs to state the semester they are covering your tuition costs.
- Payment of your \$50 Deferred Fee.
- Payment of tuition percentage not covered by your employer.
- Payment of fees or costs not covered by your employer (activity, special course or lab fees, etc.).

Please forward your information to my attention at the address listed below.

American University  
Collections Office - Asbury 300  
Attn: Mike Harris  
4400 Massachusetts Ave. NW  
Washington, DC 20016-8073

If further information is needed concerning this matter, please do not hesitate to call me at (202) 885-3567.

Sincerely,

Michael Harris  
Credit/Collections Manager  
Student Accounts

Enclosures  
/mlh



# AMERICAN UNIVERSITY

WASHINGTON, D C

STUDENT ACCOUNTS

## APPLICATION FOR EXCEPTION TO FINANCIAL TERMS EMPLOYER PAID BENEFIT DEFERRALS

In reliance upon and consideration of information and promises made by the student, American University grants a limited exception to its financial terms to:

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Student Identification Number*

\_\_\_\_\_  
*Home Address*

(\_\_\_\_) \_\_\_\_\_  
*Home Phone Number*

(\_\_\_\_) \_\_\_\_\_  
*Work Phone Number*

\_\_\_\_\_  
*Employer's Name and Phone Number*

\_\_\_\_\_  
*Date you expect to be paid in full*

\_\_\_\_\_  
*Amount*

I understand that the exception granted will only allow me to register for the present semester. I understand that I will be charged a \$50 deferred fee (due with the application) for the privilege of postponing payment until the end of the semester. **I understand that the monies not being paid by my employer are due by the first day of class.**

I understand that I will be liable for any and all tuition, board, housing or other charges assessed in accordance with the University policy as stated in the University bulletin.

If my employer fails to make payment, I understand that I am ultimately responsible for any outstanding balance on my student account.

I agree that should I fail to meet the terms of any exception granted that I am subject to dismissal from the University. I shall remain liable for any and all charges incurred. I also understand that the monthly finance charges outlined in the University Schedule of Classes will apply to any balances not paid for in accordance with this agreement. I shall also be liable for any collection or attorney fees paid by the university in collecting the unpaid portion of my charges.

WITH THIS APPLICATION, I AM TO SUBMIT A LETTER FROM MY EMPLOYER FULLY DETAILING THE ACTUAL BENEFITS (POLICY) THEY ARE WILLING TO PROVIDE IN MY BEHALF (% OF TUITION, BOOKS, FEES, GRADE REQUIREMENTS, ETC). THE LETTER IS TO INCLUDE MY FULL NAME, STUDENT IDENTIFICATION # AND THE ACADEMIC TERMS BEING COVERED.

\_\_\_\_\_  
*Student Signature*

**Fall/Spring/Summer**  
*Term Being Deferred*

\_\_\_\_\_  
*Date*