



COMPANY REIMBURSEMENT

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Students who are eligible for Company Reimbursement through their employer have the opportunity to participate in the Company Reimbursement Program at Anderson University. Tuition that is 100% covered by Company Reimbursement will be deferred until 30 days after grades are issued for a class. **If the company reimburses less than 100% of the total tuition or makes payment directly to the employee/student, the student must pay or take a student loan to cover the balance owed by the first day of class.** It is the student's responsibility to review and understand their company policy regarding Company Reimbursement. Invoices provided to students by Anderson University's Office of Student Financial Services will reflect grants and/or scholarships and loans received. It is the student's responsibility to submit invoices to their employers. Participation in this program is voluntary and the terms and conditions of this agreement are not contingent upon the grade received by the student and **the agreement is based on the company making payment directly to Anderson University.**

Student's Name: _____

Student's University ID #: _____

Company Name: _____

Company Contact Person: _____

COMPANY AGREEMENT

_____ agrees to pay financial support for the above named student.
(name of company)

Our company will pay _____ amount per year or _____ % of tuition.

Our company will pay _____ amount per year or _____ % of books.

Please check one of the following:

Our company will make payment directly to the above mentioned employee.

Our company will make payment directly to:
Anderson University
Anderson Central
316 Boulevard
Anderson, SC 29621

Company Contact Signature

Printed Name

Date

Email address for company contact _____



STUDENT AGREEMENT

Terms of Delayed Billing Agreement

- I am eligible to participate in my company's tuition reimbursement plan. I have read and understand the terms of the Delayed Billing Agreement.
- I understand that I must have a copy of the company's tuition reimbursement plan on file at Anderson University.
- I understand that if I exhaust the company's plan I will need to select a new payment option as advised by the Financial Aid Planning Office.
- I understand that my participation is voluntary and that the terms and conditions of this agreement are not contingent upon the receipt of the grade or reimbursement by my employer.
- I understand that if my employer assistance plan does not cover 100% of my tuition cost, then I am responsible for paying the difference (with payment or loans) by the first day of class.
- I understand that in the event of my withdrawal, I will be responsible for the amount of tuition and fees due for that term or semester.
- I understand that if the terms of this agreement are not met, I will no longer be eligible for Delayed Billing under this plan and will need to select an option as advised by the Financial Aid Planning Office.
- Failure to make payment may result in cancellation of courses you enroll in through the registration process for future semesters.
- Company Reimbursement is considered a Financial Aid Resource and will be considered when putting together a Financial Aid package. If you have questions concerning the effect of Company Reimbursement on your Financial Aid package, contact the Financial Aid Planning Office at finaid@andersonuniversity.edu or 864-231-2070.

Please return this form and/or payments to: Anderson University
Anderson Central
316 Boulevard
Anderson, SC 29621

I have read and fully understand the information list above.

Student signature _____ Date _____