



Student Accounts:
 (630) 844-5470 Fax: (630) 844-3831
 Email: Student.accts@aurora.edu

I am expecting my employer to pay me directly. (Continue with this form.)

My employer will pay AU directly (Do not continue with this form. Use Third Party Payment Application Form.)

Application for Deferred Payment Plan

Students whose tuition costs are reimbursed directly to the student (either in full or in part) by their employer after the submission of end of term grades may be eligible to participate in the Aurora University Deferred Payment Plan. Students must return this application, once completed by the student and employer, to the Office of Student Accounts by the end of the second week of the 16-week semester. This holds true for all courses regardless of start date, such as Module 2 courses.

The required NON-REFUNDABLE, NON-TRANSFERABLE fee of \$10.00 per semester hour will be charged to the student account at the time of processing.

Late, or incomplete applications will not be accepted, and all tuition is payable and due per posted university policies and the Financial Responsibility Agreement.

Upon acceptance, students may defer payment only up to the amount of employer sponsored tuition assistance. Students who have been accepted into the Deferred Payment Plan for that semester have up to 45 days following the last day of the semester to remit payment for the amount of tuition assistance certified by the employer. All amounts not covered by employer sponsored tuition assistance are due and payable per the university posted due dates. Students are welcome to enroll in the university's monthly payment plan available on the student payment portal.

By signing below, you acknowledge the following:

- I am fully responsible for paying all university tuition and fees regardless if or when my employer reimburses me under my employer's tuition assistance program.
- I understand that I may defer payment until 45 days after the end of the semester only for those amounts as certified for reimbursement per my employer below.
- I understand that failure to pay tuition and fees by the university's posted policies may result in late fees, registration holds, diploma holds, and ineligibility to participate in future Deferred Payment Plans.
- I may apply for financial aid and/or enroll in a monthly payment plan to pay for those tuition and fees assessed by the university but in excess of employer tuition assistance benefits.

Part I: To Be Completed by Student

Student Name _____ ID: _____

Contact Information (if different than on file with AU): _____

Semester (Circle One): **FALL 20**__ **SPRING 20**__ **SUMMER 20**__

<u>Course Number/Title</u>	<u>Semester Hours</u>	<u>Participation Fee</u> (\$10/semester hour)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participation Fee: _____

Student Signature: _____ Date: _____

Part II: To Be Completed by Employer

I certify that the employee named above is eligible for tuition assistance in the amount(s) indicated below. I further certify that such assistance is to be paid to the employee directly upon receipt of final grades.

Employer Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Amount of Tuition Assistance available (based upon the courses above) _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____