



**Student Accounts**  
 (630) 844-5621  
 Fax: (630) 844-3831  
 student.accts@aurora.edu

**For AU Use Only**

Def. Fee \$ \_\_\_\_\_ Def. Payment Due: \_\_\_\_\_  
 PPLN No.: \_\_\_\_\_ Semester: \_\_\_\_\_  
 RCPT No.: \_\_\_\_\_ Initials: \_\_\_\_\_

**Application for Deferred Payment Plan**

Students whose tuition costs are paid by their employer at the end of the term may be eligible for the deferred payment plan upon completion of this application and payment of the required fee. **The required NON-REFUNDABLE, NON-TRANSFERABLE fee is \$10.00 per semester hour and must accompany this form.** Please return the completed form to the Student Accounts Office by the end of the first week of the term. Students whose forms are not received before the beginning of the second week of the term will be charged late fees as described on the Billing Information Form completed and signed at the time of registration.

**Part I: To Be Completed by Student**

Date of Application \_\_\_\_\_ Student ID \_\_\_\_\_ Semester \_\_\_\_\_  
 Student's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_  
 Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE: All courses within a semester are due one week prior to the first day of the semester regardless of the individual course start date. Please be sure to defer ALL courses you are enrolling in for each term in order to avoid late fees and finance charges. This means that eight-week courses beginning the second module of a semester need to be deferred at the beginning of the semester.**

Course Number/Title	Semester Hours	Cost (\$10/semester hour)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total Cost \$ _____</b>

I agree to remit to Aurora University payment in full for the semester specified above within 45 days following the last day of the semester. **I understand that I am responsible for any charges incurred regardless of payment by my employer, and will settle my account in full within 45 days of the end of the semester.** Accounts not paid in accordance with this agreement may be charged finance charges in the amount of 18% per annum and late fees according to the Billing Information Form signed at the time of registration. Incomplete forms or forms submitted without payment will not be processed. I understand that the deferred fee is a non-refundable, non-transferable fee. No grades or transcripts will be issued for students whose accounts are past due. Students who do not adhere to the Deferred Payment Plan due dates will be ineligible to participate in future Deferred Payment Plans.

Student's Signature \_\_\_\_\_

**Part II: To Be Completed by Employer**

I certify that the employee named above is eligible for tuition assistance as indicated below. Tuition payments are made after the term is completed, and prior payment by the employee is not required.

Percent of tuition reimbursed (minimum of 50%) \_\_\_\_\_ Percent of fees reimbursed \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name and Title \_\_\_\_\_ Phone \_\_\_\_\_