

SEMESTER: _____
YEAR: _____



NOTRE DAME
OF MARYLAND
UNIVERSITY

TOTAL DUE: _____

EMPLOYER TUITION REMISSION PAYMENT PLAN

SS # or Student ID # _____ Name _____
Last First

Address _____
Street/PO Box County of residence

Home phone _____ Work phone _____
City State Zip code +4

E-mail _____

Terms of Employer Tuition Remission Payment Plan

1. I am eligible to receive employer reimbursement of at least 50% of my tuition costs for this term.
2. In order to participate in the Employer Tuition Remission Payment Plan, I must pay all fees and 15% of total tuition by the due date.
3. I understand that if I have not paid all fees and 15% of total tuition by the due date, I will be dropped from my courses.
4. I understand my credit card will be charged if Notre Dame of Maryland University has not received the full balance due by 60 days after the last class of the term.
5. I understand that my participation is voluntary and that the terms and conditions of this agreement are not contingent upon the receipt of a grade or reimbursement by my employer.
6. I understand that if the terms of this agreement are not met, I will no longer qualify for a tuition deferral under the Notre Dame of Maryland University Employer Tuition Remission Payment Plan, my outstanding balance will be due immediately, and I may be charged a \$25 declined credit card fee.
7. I agree that it is my obligation to pay the full amount of the tuition and hereby promise to pay the full tuition amount shown above to the University.

By signing below, I certify that I have read and fully understand the terms listed above. In addition, all my questions have been answered to my satisfaction.

Student signature Date

Credit card charge Authorization (Debit cards are not accepted)

Name as shown on the credit card _____ Visa Master Card Discover

Credit card number _____ - _____ - _____ - _____ Expiration date ____ / ____
Month/Year

Cardholder signature _____

Employer Information

Name of employer _____

Address _____

Employer Representative

Name _____

Title _____

Work phone _____

E-mail _____