



Employer Reimbursement Form/Deferred Tuition Form

This form must be attached to your Tuition Promissory Agreement if utilizing your employer's tuition reimbursement program.

STUDENT INFORMATION

Student Name _____ / _____
(Please print clearly) Student ID Number

Address _____
Street City State Zip

Telephone Number Home/Cell _____ Work _____

EMPLOYER INFORMATION

Employer Name _____

Address _____
Street City State Zip

Contact Name _____ Telephone Number _____

If I qualify for the Tuition Deferral Payment Option, my tuition payment to Excelsior University will be deferred until approximately three weeks after the end of the course term. I have read and agree with the conditions of Excelsior's Tuition Deferral Plan and have completed the Tuition Promissory Agreement. I understand that I, the student, am ultimately responsible for any tuition or fees incurred at Excelsior University.

Student Signature Date

EMPLOYER AUTHORIZATION SECTION

I verify that _____ is an employee of _____
and qualifies for our tuition reimbursement program.

Employer Contact/Authorized Signature Date

Please attach this completed form to your signed Tuition Promissory Agreement.
For additional information, contact the Student Accounts Office at receipt@excelsior.edu.