



Tuition and Fee Deferral Promissory Agreement

To process your tuition and fee deferral, fill in the information requested below.

The following fields are required. Select **“Agree”** for each one.

I hereby declare that I am eligible for the Excelsior University tuition and fee deferral payment option. I acknowledge and agree that I am personally responsible for the payment of the tuition and fees for any course(s) I take at Excelsior University whether my employer or the U.S. Department of Veterans Affairs (VA) ultimately determines that I am eligible for and provides me with tuition assistance for the cost of such course(s) and fees.

☐ Agree

I understand that during online registration for any Excelsior University course(s), I will be required to submit payment information to Excelsior’s provider, Nelnet Business Solutions, to cover the full cost of the course, related fees, and a \$30.00 deferred tuition payment plan setup fee. The setup fee will be processed at the time of registration, and payment for the course/fees will be processed approximately three weeks after the end of the course.

☐ Agree

I further understand that if I do not complete a course, and I incur a financial penalty for the cost of the course, in accordance with the Excelsior University course cancellation policy, a payment for the penalty will be processed immediately using the payment information I provided.

☐ Agree

I also understand that if I use employer-sponsored tuition assistance to cover the cost of my course(s), it is my sole responsibility to adhere to my employer’s tuition assistance policies and to request reimbursement from my employer to cover the cost of tuition/fees being billed to the account I have provided to Nelnet Business Solutions. However, I understand that by signing this form I permit Excelsior University to share educational information with my employer for the purpose of addressing issues related to tuition assistance.

☐ Agree

I understand that if I use GI Bill Chapters 30, 35, 1607 and 1606, to cover the cost of tuition/fees, it is my sole responsibility to request payment from the U.S. Department of Veterans Affairs which will remit payment to eligible students directly, based on information provided on the enrollment certification (22-1999).

☐ Agree

I understand that this Agreement will remain in full force and effect until any tuition/fee debt I have incurred with Excelsior University has been paid in full.

☐ Agree

Employee / Student Information

First Name

Last Name

Email

Phone

Student ID

Street Address

Address Line 2

City

State

ZIP

Country

In addition to this form, you will need to submit proof of tuition reimbursement from your employer or a copy of your GI Bill® Certificate of Eligibility. Have questions? Contact the Student Accounts Office at **receipt@excelsior.edu**.

Signature