



**Mail Completed Form To:**  
 Slippery Rock University  
 Office of Student Accounts  
 104 Maltby Avenue, Suite 103  
 Slippery Rock, PA 16057

## Deferred Billing Agreement

IN ORDER TO BE ELIGIBLE FOR DEFERMENT OF TUITION PAYMENT, A STUDENT MUST  
 SUBMIT THE FOLLOWING:

- 1) Application for deferment by [insert due date]
- 2) Be gainfully employed by a firm which has a tuition-reimbursement policy
- 3) Furnish a copy of tuition reimbursement policy
- 4) Complete and submit the Deferred Billing Agreement Form
- 5) All previous balances must be paid in full
- 6) Pay all non-employer reimbursed fees/tuition at registration
- 7) Only eligible per term, student will have to resubmit the above information for each term applicable.

### Student Certification

*I agree to the terms and conditions of this employer tuition reimbursement agreement and to the Financial Terms and Conditions of Slippery Rock University. It is understood that if I drop or withdraw from a course, I am responsible for the full amount of tuition and fees in accordance with the published Refund Policy. I am responsible for supplying a billing statement and printing a copy of my final grades and submitting the grades to my employer for payment (if applicable). I am responsible for paying all course fees and any tuition charges for those courses which are not covered within the employer policy upon presentation of this agreement. The remaining balance is to be **paid in full** within **30 days** of the end of the semester indicated above.*

**Student's Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Semester/Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

### To Be Completed by Employer:

I certify that the above-named applicant is employed by our company/school district/organization and is eligible for tuition benefits in the amount of \$ \_\_\_\_\_ for the \_\_\_\_\_ semester of \_\_\_\_\_ year.

**Employer Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Signature of Certifying Official:** \_\_\_\_\_

**Title of Certifying Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_