



UNIVERSITY OF SIOUX FALLS

Employer Paid Reimbursement / Deferment

- Complete this form each semester with the amount you are receiving in tuition reimbursement from your employer.
- If your employer has a designated form for this purpose, you may submit that form as a substitute.
- Signatures from both you and your employer are required to complete the process.

Section 1: Student Information

Student Name (Please Print)

USF Student ID Number

Email Address

Home Phone Number

Work / Cell Phone Number

Section 2: Student Enrollment Information

Program Enrolled (check all that apply):

☐ Undergraduate

☐ Master of Ed

☐ MBA

☐ DCP

☐ Ed Specialist

☐ MBA HC

Term Receiving Reimbursement (check only one):

☐ Summer 20_____

☐ Fall 20_____

☐ Spring 20_____

List each course covered by your employer:

Course Number	Course Name <small>Note - Students must officially be registered for courses to receive deferment</small>	Number of Credits

Section 3: Employer Certification (to be completed by employer)

The student indicated above is eligible for tuition reimbursement as part of his/her employment. Tuition funds will be submitted contingent upon the student meeting eligibility requirements.

Place of Employment

Amount of benefit for term indicated above

Authorized Signature / Title of Supervisor

Date

Section 4: Student Agreement

My signature below indicates that I understand and agree that:

- My portion of the charges for tuition is due on the first day of each term.
- I am ultimately responsible for payment of my tuition charges.
- I agree to submit payment no later than 30 days following the end of each course.
- I will provide my employer with any required information in a timely manner.
- I will immediately make payment in full for any balance my employer becomes unwilling or unable to pay.
- Interest will be charged on any past due balance, and I will be unable to register for additional classes or obtain a grade transcript until all charges are paid.

Student's Signature

Date