HOFSTRA UNIVERSITY
BIOETHICS CENTER

Employer Sponsorship Request

Students who receive sponsorship from their employers may use this Employer Sponsorship Tuition Deferment form to facilitate tuition payment by their employer.

- The completed form is due at the time of registration or before the semester bill due date.
- Course fees and tuition balance must be paid in full by October 15th, 2020.
- The student must obtain a letter from their employer confirming reimbursement and submit the letter with this sponsorship request.
- University DOES NOT accept credit cards as a form of payment.

Bioethics Certificate Course: Full Year September 2020-May 2021

To Be Completed by the student/Employer:
Hofstra Student Identification 700 #:_____
Last Name:_____ First Name: _____
Street Address:_____ City, State, Zip:_____
Home Phone:_____ Cell Phone:_____

I, _____, understand and agree to the regulations of this agreement as stipulated below:

- It is the responsibility of the student/employee to check their Hofstra account online and remit timely payment.
- Student/employees are responsible for the tuition bill. This agreement is between the Student/employee and Hofstra University. Any monies remitted to the student/employee by the Employer are not the concerns of the University.
- Should the student/employer leave the company's employ for any reason, should the company change their tuition program or should the student/employee withdraw before the designated date, any remaining outstanding balance due is the student/employee's responsibility and is due by the due date indicated below.
- Payment not received by the due date indicated on the agreement may be subject to late fees.
- In the event of default, the student/employee agrees to pay, in addition to all other charges and balances due, all collection and legal fees, including, but not limited to attorney's fees, and interest.
- Failure to comply with the requirements & conditions of this agreement as stated here may affect future use of this program.
- Withdrawal from the University does not cancel or void this agreement. Any outstanding balance after the application of the University's refund policy remains due and is the responsibility of the student/employee.
- **The University does not accept credit cards as a form of payment.**

I understand that my employer's reimbursement may be an amount less than the full tuition charges and I agree to make full payment of the account balance no later than ***October 31, 2020*** even if I have not received reimbursement from my employer.

Student Signature:_____Date:_____