

from my employer.

Student Signature:

Employer Reimbursement Tuition Deferment Request

Students who receive tuition reimbursement from their employers may use this Employer Tuition Deferment form to defer a portion of their tuition.

- The completed form is due at the time of registration or before the semester bill due date.
- The completed form must be accompanied by a letter on the Employer's letterhead outlining their tuition reimbursement policy & confirming the student/employee's eligibility to participate in the program.
- All participants in this program are required to pay 25% of their total tuition and fee balance, a non-refundable deferment fee; along with any charges not covered by the employer's tuition reimbursement plan.
- The student/employee may only defer 75% of the amount of the charges the employer has agreed to pay.

To Be Completed by the Student/Employee	: Hofstra	Student Identification#:		
Last Name:	First:		M.I	
Street Address:		City, State, Zip:		
Mobile Phone:	Ног	me Phone:		-
Semester: Fall January Spring	Summer	Number of Credits	Level:	Graduate Undergradua
l,	, understand an	d agree to the regulations	of this agreemen	t as stipulated below:
 It is the responsibility of the studen 	t/employee to c	heck their Hofstra account	online & remit tir	mely payment.
Student/employees are responsible	for the tuition b	oill. This agreement is betwe	een the student/e	employee and Hofstra
University. Any monies remitted to		=		
 Should the student/employee leave 				
reimbursement program or should	• •	• • •	• •	<u> </u>
remaining outstanding balance due		· · · ·		·
 Payment not received by the due d 				
 Deferred payment fee is a non-refu 		,	•	
 In the event of default, the student, 	_	es to pay, in addition to all c	other charges and	balance due, all collection
and legal fees, including but not lim	. , .	• •		,
 Failure to comply with the requiren 			ed here may affe	ct future use of this
• program.		· ·	•	
 Deferments will not be processed up 	ntil all required	documentation/fees are su	bmitted. Failure t	to submit this completed
form by the semester bill due date				·
Withdrawal from the University do-	· ·	=	utstanding baland	ce after the application of
the University's refund policy rema		=	=	••
Tuition Reimbursement/Deferment:		Deferred Payment I	Due Date:	
a: Total tuition and fees:				
b: Deferment Requested:				
(75% of tuition to be covered I	oy employer)			
c: Deposit (a less b):	. 450.00\			
d. Deferment fee (2 % of line b; mire: Total payment received with agro			<u> </u>	
e. Total payment received with agre	eement.			
University Representative			Date	

Date: