



DEFERRED TUITION PAYMENT
(Based on Employer Reimbursement)

RETURN TO:
Wilkes University
Controller's Office
84 W. South St.
Wilkes-Barre, PA 18766
FAX# 570-408-7849

Student Name: _____

Wilkes WIN # : _____ Phone # : _____

* Deferment Requested for: (Graduating Seniors not eligible for deferment)

Semester	Year	Credit Hours	Dollar Amount

* **Employer Approved** Requests for Deferment must be submitted prior to the beginning of **EACH** semester. Deferment applies only to amount employer will reimburse on **tuition** and does not include fees, room and board, bookstore or other charges unless otherwise noted by employer. All other charges must be remitted as required by Wilkes University policy.

If employer requires a paid receipt, please retain a copy of such. Upon semester end, processing of previous semester invoices requires five (5) working days.

If for any reason I become ineligible for deferred tuition payment based on employer guidelines, I guarantee that I will remit payment in full to Wilkes University within fifteen (15) days from date of disqualification or in line with Wilkes University policy, whichever applies.

I certify that I have read the above and agree to the terms and conditions noted therein.

Student Signature

Date

EMPLOYER STATEMENT

Please complete the following to verify that the above named student is eligible for tuition reimbursement. The employer will not be held liable by Wilkes University for any charges incurred by the student.

Company Name: _____ PHONE #: _____

Address: _____

Authorized Official: _____

Please list eligible charges:	Amount

Employer Signature

Date