

Student Name:

WIN #:	Phone #: _			
(Graduating Seniors will not receive a diploma or transcripts until paid in full)				
Semester	Year	Credit Hours	Dollar Amount	
Employer Approved - Request Deferment applies only to the a room and board, bookstore or call other charges must be remit	imount the employer will other charges unless other	reimburse for tuition and erwise noted by employe	does not include fees,	
Employer Receipts - If your e portal. (Student tab / Select Stuappropriate invoice from the dre	udent Service, View Invo			
Employer Deferment Agreem the hold has been added to you Holds – FE Employer Deferme	ur account via the portal.			
If for any reason I become ineliguarantee that I will remit paymedisqualification or within Wilkes	ent in full to Wilkes University	ersity within fifteen (15) o		
I certify that I have read the abo	ove and agree to the tern	ns and conditions of this	agreement.	
Student Signature		Date		
Please complete the following t reimbursement. The employer the student.		amed student is eligible f		
Company Name:		Phone #:		
Authorized Official:				
Employer Signature		Date		

Return to:
Wilkes University
Bursar's Office
84 W. South Street
Wilkes-Barre, PA 18766

Email: billing@wilkes.edu