

A. Student Information

Full Name: _____ Date: _____

N#: _____ Email: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Degree Program: _____

Department: _____ Expected Graduation Date: _____

Term for which Tuition Reimbursement Plan is requested: Fall Spring Summer

Courses planned for this term:

B. Student Signature

By signing this form, I am confirming I have read the terms and conditions of the Employer Reimbursement Plan below and understand the consequences of failure to abide by the terms and non-payment. I also authorize UNF to contact my employer to confirm the information I have provided on this form if necessary.

Student Signature: _____ Date: _____

Terms and Conditions

By signing this form, you agree to the following terms and conditions:

- I agree to pay my account in full within 30 days after grades are received, regardless of the status of the reimbursement or employment status.
- I agree to pay amounts not covered by the Employer Reimbursement Plan when originally billed and due.
- I acknowledge that the plan only covers amounts reimbursed by the employer, and that UNF reserves the right to require payment of certain fees according to the original term due date even if otherwise covered by the Employer Reimbursement Plan.
- I agree to pay immediately for a course that is dropped or for withdrawal from the university, in accordance with normal UNF policy, including for any potential refunds.
- I acknowledge that if my UNF financial aid package exceeds the amount of tuition and fees for which I am personally responsible, the difference will be applied to any current balance, even if that balance will be covered by the employer's reimbursement.
- I understand that if my account is not paid when due as per these terms and conditions, failure to pay will result in a financial hold that will prohibit access to grades, official transcripts, diplomas, registration for future terms, and future eligibility for the Employer Reimbursement Plan. I will also be liable for collection, court, and legal fees.
- I understand that UNF may conduct random audits with my employer to verify my enrollment status.
- I understand that, upon completion of the final semester of my program, my diploma will be held until my account is paid in full.
- UNF reserves the right to cancel your participation in the plan if the information provided on the application is false.

C. Employer Verification

I hereby certify that the student identified in Section A is employed by

_____,
Company Name

and is eligible to participate in the University of North Florida's Employer Reimbursement Plan.

The above-named company is covering ____ % of the tuition and ____ % of related fees, or a flat dollar amount of \$_____, for the above-named student's coursework as detailed in Section A. (If no percentage is indicated, UNF will assume that the company is covering 100% of charges.)

Company Representative: _____

Title: _____

Company Address: _____

City, State, Zip Code: _____

Human Resources Contact Name: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

UNF Use Only	
Date Received: _____	Term for Plan: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Reason: _____
Amount Deferred: _____	Date: _____
Comments:	