



ITU

International Technological University

2711 North First Street - San Jose, CA 95134

Phone 888.488.4968

www.itu.edu

EMPLOYER TUITION REIMBURSEMENT DEFERRED PAYMENT PLAN

STATEMENT OF FINANCIAL RESPONSIBILITY

Student Name: _____
 Student ID: _____
 Phone: _____
 Email: _____

Terms and Conditions

- I understand that for me to be eligible for the Employer Tuition Reimbursement Payment Plan (ETR) option, I must be in good financial standing with ITU.
- Payment in full for the amount deferred is due to ITU no later than six weeks from the official last day of the trimester, as stated in the ITU’s Academic Calendar. (See <http://itu.edu/university-calendar/>) Any unpaid balances will be assessed \$100 Late Payment Fee.
- ITU cannot accept responsibility, nor extend deadlines, for late payments resulting from delays on my employer’s behalf. If delays should occur, I must make payment in full and await my employer’s reimbursement. If the employer, for some reason, refuses to reimburse me, I shall remain responsible for the full payment of all charges.
- STRF only applies to the portion of tuition and fees not reimbursed by my employer (please refer to section “IV. Student Tuition Recovery Fund Payment” of your Enrollment Agreement).
- ITU will not correspond with my employer. I am responsible for submitting an invoice and grade report to the employer for reimbursement in a timely manner. However, ITU may contact the employer for employment verification.
- I understand this deferment covers only the percentage of tuition and fees that are being paid for by my employer, and that all other charges are due at the time of my registration.
- I will be unable to register for future terms or receive transcripts until the balance is paid in full.
- I release my rights under the Family Educational Right & Privacy Act (FERPA) and agree to allow ITU to release my financial information or to contact my employer for employment verification.

Term (Check One): Academic Year _____

- Spring Trimester
- Summer Trimester
- Fall Trimester

By signing below, I agree to the terms and conditions set forth in this statement.

Student Signature: _____

Date: _____



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EMPLOYER TUITION REIMBURSEMENT DEFERRED PAYMENT PLAN APPLICATION FORM

TO BE COMPLETED BY STUDENT:

Student Name: _____
Student ID: _____
Telephone: _____
Email Address: _____

Term (Check One): Academic Year _____

- Spring Trimester
- Summer Trimester
- Fall Trimester

Estimated Total Cost for the Trimester: _____

TO BE COMPLETED BY EMPLOYER:

By signing this document, the employer confirms that a reimbursement plan is available to the above listed employee/student. Upon completion of the coursework, the student is responsible for making payment to ITU.

Company Name: _____
Company Address: _____
HR Officer's Name: _____
HR Title: _____
Telephone No. : _____

Please check the space next to the appropriate reimbursement level for the trimester named above:

- Full reimbursement at 100%
- Partial reimbursement at _____ %
- Amount \$ _____

Authorized Employer Signature _____ **Date** _____

I understand that I am responsible for the payment of all charges no later than six weeks from the official last day of the trimester, whether or not I am reimbursed by my employer.

Student Signature _____ **Date** _____

FOR ITU USE ONLY:

APPROVED BY: _____ **DATE:** _____