

Employer Reimbursement Deferment Application

The **Employer Reimbursement Deferment (ERD) Program** was developed by the University to financially assist Graduate students with their educational goals. The purpose of the plan is to enable students to defer eligible charges.

The payment plan will reflect the balance for the entire term for which the student is enrolling in the ERD. Any changes made to the student's registration such as withdrawing or adding courses will result in an adjustment to the ERD payment plan by the Office of Student Accounts.

You must be a Graduate student in good financial standing with the University and have no past due balances.

All deferments are due and payable approximately 60 days after the end of the semester, whether the total amount of the tuition obligation has been paid by the employer. Millersville University reserves the right to accept or reject any payment deferment application.

A new application must be completed and submitted for each semester.

Application Process

- a) Complete the application form with all required information and signatures in sections A and B by the due date on your bill. Applications received after the semester bill due date may receive a \$100 Payment Extension Fee.
- b) Send the completed application, along with a copy of your company's tuition reimbursement policy, to our office via email at osa@millersville.edu, mail or in-person delivery.
- c) Once the form is accepted, you will receive an email to your MU email account instructing you to complete the next steps of enrolling in the **Employer Reimbursement Deferment (ERD) Program** via your SAM account. Please note, 20% of overall balance will be due at the time of enrolling in the ERD payment plan, plus the \$30 enrollment fee.

A. TO BE COMPLETED BY STUDENT:

I qualify for this benefit under my employer's policy; therefore, I request that 80% of my tuition balance is deferred for the _____ semester of _____ year until the end of the semester. I understand and agree that if, for any reason, my employer refuses payment, or if I withdraw from my classes and do not qualify for employer reimbursement, I will be responsible for the immediate and full payment of all costs due to Millersville University.

Print Name of Student

Student Signature

MU ID Number

Date

MU Email Address

Preferred Phone Number

B. TO BE COMPLETED BY EMPLOYER

I certify that the above-named applicant is employed by our company/school district/organization and is eligible for tuition reimbursement for the _____ semester of _____ year.

Name of Company or Organization

Print Name of Certifying Official

Address

Signature of Certifying Official

Phone Number or Email

Title/Department