

**Deferred Corporate Tuition Assistance Program
Enrollment Agreement Application**

Student Information

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Student ID: _____ Calendar Year: _____

Book Voucher: _____

Employment Status: Full-time Part-time Job Title: _____

Employer Information

I confirm that _____ is eligible for reimbursement from _____

Employer Name: _____ Title: _____

Employer Signature: _____ Date: _____

Phone: _____

Student Disclaimer and Signature

Students who are eligible for tuition reimbursement are responsible for any balance incurred, regardless of employment status, changes in eligibility, or reimbursement status, within 30 days from the end of the term. Students participating in the plan have the option to use a book voucher in advance to purchase textbooks and course materials, if the employer covers the costs of books up to \$1,000 per semester.

By signing this form, I certify that I am authorized by the employer to sign for this benefit.

Student Signature: _____ Date: _____

Employer Signature: _____ Date: _____