



CORPORATE REIMBURSEMENT AND TUITION DEFERMENT FORM

Rhodes State College Business Office

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Today's Date _____ Fall Spring Summer Year _____
Month Day Year

Name _____
Last First Middle Maiden/Previous Name

Student ID (R#) _____ Personal Phone: () _____
Area Code Number

Personal Address _____ City, State, Zip _____ County _____

Place of Employment _____ Business Phone: () _____
Area Code Number

Business Mailing Address _____ City, State, Zip _____

Courses for which you will be seeking reimbursement:

(Note: This is not your registration form, only verification of courses for use by your employer.)

CRN	Course No.	Section	Day/Time	Course Title	Tuition/Fees
Registration Fee					
Book Charges					
Total					

Corporate Reimbursement/Deferment Option (See below). There is a \$25 fee to defer your tuition with this option.
If you are eligible for tuition reimbursement benefits from your employer, you can defer your tuition and fees until 30 days after the term of registration. (Requires authorized signature below.) I understand that if I do not meet the Corporation Reimbursement requirements that I am responsible for payment of fees.

Third party billing Company responsible: _____ (Requires authorized signature)

All fees or fee payment arrangements (to include corporate deferment option) are due by the published deadlines.

Student's Signature _____ Date _____

Corporate Reimbursement Option/Third Party Payment Option

This section must be completed with each registration form. Failure to properly complete this form waives all rights to Corporate Reimbursement Deferment. A late fee of \$20 will be charged on all outstanding balances due 30 days after course completion. Rhodes State College is not responsible to release grades or registration information to any third parties.

Employee (Student) Name _____ Includes Books Yes No

Is this employee eligible for corporate reimbursement? Yes No

Corporate reimbursement is: (Check those that apply) Full Reimbursement (Tuition & Fees) Contingent on Final Grade
 Partial Reimbursement Designated amount \$ _____ Designated % _____

Authorized Signature (Corporation) _____ Title _____ Date _____