CORPORATE REIMBURSEMENT AND TUITION DEFERMENT FORM

Rhodes State College Business Office

❑ **Fall**　　❑ **Spring**　　❑ **Summer**　　**Year** _____

_____
Today's Date　　*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.

_____　　Includes Books ❑ Yes ❑ No
Employee (Student) Name

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*