



Geneva College
 Student Financial Services
 3200 College Ave
 Beaver Falls, PA 15010
 Email: SFS@geneva.edu
 Fax: 724-847-6776

2019-2020 TUITION REIMBURSEMENT AGREEMENT (MBA and Cybersecurity Programs Only)

Student Name: _____ Student ID Number: _____

Employer/Company Name: _____

Upon receipt of this form and a copy of your employer's reimbursement policy, Geneva College agrees to defer payment of up to 70% of the tuition costs of courses taken by students who work for firms that have published tuition reimbursement programs. You must agree to each of the following conditions in order to be eligible for this program. A new agreement is required for each term in which you enroll. Forms can be found at <http://www.geneva.edu/student-financial-services/financial-aid/fin-aid-forms>. Forms should be returned to Student Financial Services at the above address, via email, fax, or postal service.

Please initial each section.

_____ I will pay 30% of the tuition cost prior to the beginning of the term in which the class is scheduled.

_____ I realize that I am fully liable for the remaining cost of tuition even if my employer fails to reimburse me for any reason, including, but not limited to, the following:

- My employment relationship with the company ends.
- The reimbursement plan is altered or is ended.
- My grade in the course does not qualify me for complete or partial reimbursement.

_____ I agree to pay to Geneva College the remaining cost of tuition at the earliest of the following two dates:

- Within one calendar week of the time that I receive the reimbursement
- Within one calendar month after official grades have been issued by Geneva College, even if I have not yet received reimbursement from my employer.

_____ I understand that in the event that I fail to fully satisfy my tuition obligation according to the terms specified above, each of the following actions will be taken:

- My registration may be canceled.
- Geneva College will not release my transcripts.
- My obligation may be turned over to a collection agency.

_____ I have submitted a copy of my employer's reimbursement policy for 2019-2020 to the Student Financial Services Office. (This only needs to be submitted once per academic year.)

What is the percentage of the tuition rate your employer will pay? _____

What is the maximum amount your employer will pay per calendar year? _____

When will you receive payment from your employer?

_____ Prior to start of term _____ End of term Approximate Date: _____

| | |
|---|----------|
| A. Total tuition charge for term | \$ _____ |
| B. Amount paid at beginning of semester (no less than 30% of line A) | \$ _____ |
| C. Amount I promise to pay no later than one month after grade issuance (A-B) | \$ _____ |

List the course(s) covered by this agreement: _____

My signature below is an acknowledgement that I have read, understand, and agree to comply with each of the above statements and promise to abide by the specified terms.

Signature _____

Date _____

OFFICE USE ONLY: _____ Added to Financial Aid Award _____ Approved on Student Account _____ Copy scanned to Business Office