



## Tuition Reimbursement and/or Partnership Discount Form (if applicable)

Year: \_\_\_\_\_ Term (Select One): ☐ Fall ☐ Winter ☐ Spring ☐ Summer

### Section A: Completed by Student

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Employer Name: \_\_\_\_\_

\*\*\*\*\*

### Section B: Completed by Employer or Partnership Representative

Is this student receiving tuition benefits/reimbursement? ☐ Yes ☐ No

If yes, please indicate the amount to be reimbursed: \_\_\_\_\_

Please check box(es) if any of the below Alvernia Partnerships apply:

<input type="checkbox"/> Berks Law Enforcement	<input type="checkbox"/> Philadelphia Police, 5% PTK staff initial here _____
<input type="checkbox"/> Brentwood Industries	<input type="checkbox"/> Women 2 Women
<input type="checkbox"/> East Penn Manufacturing	<input type="checkbox"/> Santander Bank
<input type="checkbox"/> GRYP	<input type="checkbox"/> Tompkins Financial
<input type="checkbox"/> Penske	<input type="checkbox"/> Non- Profit (Graduate Students Employed by Participating Organizations Only)
<input type="checkbox"/> Reading Health Systems (FT Only)	<input type="checkbox"/> Other: _____

### Authorizing Official:

Print Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### Statement of Financial Responsibility:

I promise to pay Alvernia University my total financial obligation (including tuition and fees). I understand and acknowledge that in the event any anticipated funds are denied or are otherwise not forthcoming, or in the event that I stop attending Alvernia University for any reason, my total financial obligation shall become due and payable immediately. I understand and acknowledge that failure to fully satisfy my total financial obligation may result in the collection and/or legal action brought against me by Alvernia University. Further, I understand and acknowledge that I am fully obligated and responsible for any and all charges associated with such collection and/or legal action including, but not limited to, the reasonable attorney fees of Alvernia University.

Signature indicates consent of financial responsibility as well as authorization for employer to submit information to Alvernia.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

When Section B is complete, forward this sheet to:

The Office of Student Accounts

400 St. Bernardine Street, Reading, PA 19607 / Fax: 610.796.8425 / Email: [Student.accounts@alvernia.edu](mailto:Student.accounts@alvernia.edu)

\*\*\*\*\*

»Payment is due no later than 60 days from the conclusion of the class

»The student will continue to receive a monthly statement during the deferment period

»All tuition is the responsibility of the student