

Valid for the 2011-2012 Academic Year only

**St. Mary's University
Acknowledgement of Financial Obligation and Release Form**

A detailed copy of your Employer's Tuition Benefit Plan is now required. Please speak to your Human Resource Representative for more information.

In consideration of being allowed deferring payment of my charges for tuition and fees until completion of the course(s) for which I am enrolling and reimbursement under MY EMPLOYER TUITION BENEFIT PLAN, I hereby acknowledge:

1. I am solely responsible for payment of my school costs for each academic session, whether or not I meet the requirements of my employer for their benefits.
2. I am aware of the policies of refund or reduction in school costs during the first four weeks of classes (first eight days in summer sessions) as stated in the St. Mary's University Catalog, the procedures for withdrawal/dropping classes, and that failing to attend class or simply notifying the instructor is not regarded as an official drop or withdrawal. I understand that I am responsible for all costs associated with dropping courses or withdrawing which may not be reimbursed to me by my employer.
3. If my employer is to be directly-billed for my school costs, I hereby authorize St. Mary's University to provide my employer any and all academic and financial information that they may require for payment of my school costs.
4. I understand this payment arrangement will continue to be in effect during all academic sessions for the academic year which I am enrolled at St. Mary's University and employed by the company I name below. I authorize St. Mary's University to verify my continued employment and to validate this arrangement whenever they deem necessary.
5. The costs incurred for each academic session will be paid in full no later than thirty (30) calendar days after classes have ended. However, prior to graduation, I must clear my student account balance in order to participate in graduation ceremonies. I understand any delay in payment will incur a late payment fee of \$150.00 and will result in a "HOLD" on my account preventing future registrations, release of transcripts, or release of diploma.
6. I understand that if my employment status changes I am responsible for notifying the institution and making full payment immediately or getting approval for a payment plan.

****I acknowledge this agreement will not be accepted without a copy of my Employer's Tuition Benefit Plan****

STUDENT SIGNATURE

DATE STMU ID #

PRINT YOUR NAME

EMPLOYMENT STATUS: FT or PT

EMPLOYER NAME

PHONE NUMBER

EMPLOYER STREET ADDRESS

CITY, STATE, ZIP CODE

For Business Office use only

<input type="checkbox"/> Tuition <input type="checkbox"/> Book Account <input type="checkbox"/> Mandatory Fees <input type="checkbox"/> Optional Fees
Copy of Employee Benefit Plan submitted <input type="checkbox"/> Business Associate Initials _____ Date _____