Fairleigh Dickinson University

Corporate Reimbursement Deferred Payment Plan

I,, am (Print Last Name, First)	participating in my company's reimbursement	nt plan. I request a delay in the payment
of my tuition and fees in the amount	of \$	
Additional Carrying Charge (4%)	\$ Date Pa	id
<u>SEMESTER</u>	Due Dates: Summer Sessions 1 & 2 - August 15 th	Fall - February 15th Intersession - March 5th
Term Year	Summer Session 3 - September 30 th	Spring - June 30 th
0 19	ated on or before the due dates listed above. red payment plan agreement becomes null and ent charge per University Policy.	1 5
	pletely filled out and accompanied by a payn , must be received in the Campus Office of E	e

I agree to pay all charges not covered by my company. In the event I have not received my reimbursement check by the specified due date, I will assume full responsibility for payment. A delay in the receipt of grades does not constitute an extension of the payment deadline.

I agree to pay all collection agency or attorney's fees if my account becomes delinquent and is turned over to an outside agency for collection.

*****If you are graduating prior to the payment deadline, your balance must be paid in full before your diploma can be released.

Student's Signature Date

Student ID#

Company Name

registration.

Contact Person/Tuition Coordinator

Phone Number

Do you receive full _____ or partial reimbursement _____

If you receive partial reimbursement, please indicate percentage or amount _____.

This form accompanied by payment of 4% should be mailed or presented to:

Fairleigh Dickinson University, Office of Enrollment Services

College at FlorhamMetropolitan Campus285 Madison Avenue1000 River RoadMadison, N.J. 07940Teaneck, N.J. 07666

WHITE COPY: UNIVERSITY

YELLOW COPY: STUDENT