



Office of the Bursar
Lake Shore Campus
1032 W. Sheridan Road | Chicago, Illinois 60660
Phone 773.508.7705 | Fax 773.508.8727
bursar@luc.edu

Dear EMBA Student,

Thank you for your interest in the Loyola University Employer Reimbursement Plan (ERP).

The Employer Reimbursement Plan is designed to enable all students who are eligible for tuition reimbursement from their employer to defer payment of those tuition and fees covered under their employer agreement. All non-deferred tuition and fees must be paid at the time of application. You may only apply for the current term.

For example, if your employer will pay ninety percent of tuition and fees, the University will defer ninety percent of your tuition and fees according to the schedule below. The remaining ten percent will be due upon application.

Students receiving loans are not eligible for ERP. Loans are posted directly to the student account to cover the tuition cost first. Therefore, the amount of the loan should be sufficient to cover the entire balance on your account, plus any additional amount you may need to cover living expenses. Subsequently, any excess of the loan will be refunded to the student once a credit balance is achieved, leaving no balance to defer.

Reimbursable tuition and fees for **EMBA students** will be deferred based on the following schedules.

Term	Application Deadline	Deferred Due Date	Term	Application Deadline	Deferred Due Date
____ Fall 2009	September 25, 2009	October 30, 2009 December 11, 2009 January 29, 2010	____ Spring 2010	January 31, 2010	February 12, 2010

To apply for ERP, please submit:

- The completed Deferred Tuition Agreement form
- A copy of your employer's reimbursement plan
- Cash or check for any non-deferred tuition and fees

to one of the following Office of the Bursar locations:

*Sullivan Center 190
1032 W. Sheridan Rd.
Chicago, IL 60660*

*Lobby, Student Services Center
25 E. Pearson
Chicago, IL 60611*

If you have any questions about ERP, please contact the Office of the Bursar at (773) 508-7705 or email to bursar@luc.edu.

Sincerely,

Office of the Bursar

**Office of the Bursar
Employer Reimbursement Plan
Deferred Tuition Agreement**

TO BE COMPLETED BY STUDENT: Please check what term you are applying for. **Late forms will not be accepted.**

Term	Application Deadline	Deferred Due Date	Term	Application Deadline	Deferred Due Date
____ Fall 2009	September 25, 2009	October 30, 2009 December 11, 2009 January 29, 2010	____ Spring 2010	January 31, 2010	February 12, 2010

I agree to all of the terms and conditions set forth in this agreement (listed below) and I am aware that if my employer does not pay by the deferred due date, I am liable to pay the balance owed in full at that time. The application is void if required sections are not initialed.

Under the terms of this deferred tuition agreement:

- | | |
|--|----------------------------|
| 1. I have paid in full all non-deferred balances from prior terms. | Initial here: _____ |
| 2. I have not received a student loan for the term noted above. | Initial here: _____ |
| 3. I agree to pay my tuition account in full no later than the deferred due date even though I have not completed my course(s), or reimbursement has not been issued by my employer. | Initial here: _____ |
| 4. I understand this deferment covers only that percentage of the tuition and fees that is being paid for by my employer. All other charges are due at the time of application. | Initial here: _____ |
| 5. I understand that if my account is not paid when due: | Initial here: _____ |
| a. A late payment fee of 1.5% will be assessed monthly on the past due balance. | |
| b. I will be unable to receive University services and register for future terms. | |
| c. My account may be referred to collections, reported to a credit bureau, and charged with collection costs. | |
| d. I will not be eligible to participate in the ERP plan for future terms. | |

Enclosed is my payment in full for any non-deferred charges for the term indicated. All applications received without appropriate payment (cash or check) will be denied. Applications received after the deadline will not be accepted.

Student Signature _____ Date _____

Student Name _____ Student ID Number _____

(please print)
Permanent Address _____
Street _____ City _____ State _____ Zip _____

Telephone Number _____ Loyola E-mail _____

Business Number _____ Business E-mail _____

Total Balance for This Term _____ Total Balance Employer Will Pay _____

Bills and grades are issued to the student only. It is the responsibility of the student to provide their employers with copies of any documents their employer may require. The University does not accept responsibility for delays in the U.S. Postal System. Please return application to the Office of the Bursar at either address below. You will be notified only if your application has been denied.

TO BE COMPLETED BY EMPLOYER:

I hereby certify that (employee name) _____ is employed at

Business Name _____ Address _____ City _____ State _____ Zip _____

and is eligible to participate in the employee tuition reimbursement program.

Maximum dollar amount or percentage paid for **this term** under the reimbursement plan _____

Terms and conditions of repayment _____

Name of Business Representative _____ Title _____

Signature _____ Date _____ Telephone Number _____

Random audits may be conducted by the University to verify the employment information you have provided.

Return a copy of your employer's reimbursement plan, fees and application to one of the following locations by the specified deadline:

Loyola University Chicago Office of the Bursar Sullivan Center 190 1032 W. Sheridan Rd. Chicago, IL 60660 Telephone: (773) 508-7705	Loyola University Chicago Office of the Bursar Lobby, Student Services Center 25 E. Pearson Chicago, IL 60611 Email: bursar@luc.edu
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OFFICE USE ONLY:

DATE: _____
TERM: _____
APP FEE: _____
TUITION: _____
FEES: _____
% DUE: _____
RECEIPT: _____