



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 SCPS/RN-BSN Student,

Thank you for your interest in the Loyola University Chicago Employer Reimbursement Plan (ERP) for students in the SCPS/RN-BSN Programs.

The Employer Reimbursement Plan is designed to enable SCPS and RN-BSN students who are eligible for tuition reimbursement from their employer to defer payment of those tuition and fees covered under their employer agreement. The application fee is **\$110.00 per term**. You, must re-apply each term and pay the application fee each term you want to participate in the ERP program.

NOTE: All non-deferred tuition and fees are due at the time of application.

For example, if your employer will pay 90% of tuition and fees, that is the amount of tuition and fees we will defer through the ERP. The remaining 10%, along with the \$110.00 application fee, will be due with the application.

The only exception to prepaying non-deferred tuition and fees at the time of application would be for students who borrow funds. **HOWEVER, note that to be eligible for an ERP, students may only borrow loans up to the amount the employer does not pay.** Loans are posted directly to the student account to cover the non-deferred cost first. Therefore, the amount of the loan should not exceed the non-deferred tuition and fees. For example, if your employer pays 80% of tuition, the loans should only cover 20% which is the amount your employer does not pay.

Deferrals are based on the following schedule: **Late forms are not accepted.**

| | Term | Enrollment Period Begins | Enrollment Period Ends | Payment Due | |
|--|--------|--------------------------|------------------------|-------------|--|
| | Fall | 07/01/2017 | 09/05/2017 | 01/05/2018 | |
| | Spring | 01/06/2018 | 01/22/2018 | 06/05/2018 | |
| | Summer | 05/01/2018 | 05/27/2018 | 09/05/2018 | |

To apply for ERP, please submit:

- The completed Deferred Tuition Agreement form
- A copy of your employer's reimbursement plan
- The \$110 application fee – cash or check only
- Cash or check for any non-deferred tuition and fees

By mail or dropped off at one of the following Office of the Bursar locations:

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

*Corboy Law Center lobby, Bursar Office
25 E. Pearson
Chicago, IL 60611*

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

Sincerely,

Susie Ryan
Office of the Bursar
773-508-7141

**Office of the Bursar
Employer Reimbursement SCPS/RN-BSN Programs
Deferred Tuition Agreement**

2017-2018 TO BE COMPLETED BY STUDENT: Please check the appropriate term. **Late forms are not accepted. Please submit a new form each semester**

| Check ONLY one Term per Application | Term | Enrollment Period Begins | Enrollment Period Ends | Payment Due |
|-------------------------------------|--------|--------------------------|------------------------|-------------|
| <input type="checkbox"/> | Fall | 07/01/2017 | 09/05/2017 | 01/05/2018 |
| <input type="checkbox"/> | Spring | 01/06/2018 | 01/22/2018 | 06/05/2018 |
| <input type="checkbox"/> | Summer | 05/01/2018 | 05/27/2018 | 09/05/2018 |

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 Payment 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 agree I can only borrow loans to cover the amount my employer does not pay. **Initial here: _____**
3. I agree to pay my tuition account in full no later than the Payment due date even if 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 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% may 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 be ineligible to participate in the ERP plan for future terms.

Enclosed is my \$110 non-refundable application fee (cash or check only) and payment in full for any non-deferred charges for the term indicated. All applications will be denied if incomplete, received without appropriate payment or after the deadline.

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 _____ Total Anticipated in Loans _____

Are you receiving any tuition discounts? Please mark one: Matching Grants Corporate Partners EdAssist N/A

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.

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

OFFICE USE ONLY:
Date: _____ Term: _____
Tuition: _____ Fees: _____
Amount Deferred: _____