



2025-2026 Employer Reimbursement Form

STUDENT FINANCIAL SERVICES 400 St. Bernardine Street Reading, PA 19607
Phone: 610.796.8201 Fax: 610.796.8336 Email: studentbilling@alvernia.edu

You have indicated that you are receiving employer reimbursement. Alvernia University is required to consider all resources a student will receive when awarding financial aid. This form notifies Alvernia University of the amount of employer reimbursement you will receive and defers the payment of your tuition until after the end of the billing term. Please complete and physically sign the Student/Employee section of this form and have your employer certify the Employer section. Please answer ALL questions below. Incomplete forms will not be processed/honored.

Student/Employee Section

Name of Student: _____ Student ID: _____

Enrollment: Fall: _____ Winter: _____ Spring: _____ Summer: _____ Will you be filing a FAFSA? ___ Yes ___ No

******Please note, you will need to submit a form each semester.***

By submitting this form, you agree to the following:

- You are responsible for the entire cost of tuition, applicable fees, books and supplies, regardless of the amount reimbursed by your employer.
- You are responsible for completing any paperwork required by your employer to receive tuition reimbursement.
- You are responsible for submitting the reimbursement form to Alvernia University prior to the tuition due date. Alvernia will not accept forms submitted late.
- If you are receiving any other form of financial aid in addition to employer reimbursement, please note that financial aid funds will be applied to your student account to satisfy charges first. Any excess amount remaining after charges are satisfied will be returned to you in the form of a refund. Alvernia University cannot issue a refund to a student if the excess amount is generated as a result of your employer's payment until **after** payment from your employer is received.
- If you withdraw from classes, you are responsible to pay Alvernia University any remaining balance on your account.
- If you receive a grade that renders you ineligible for reimbursement, you are still responsible to pay Alvernia University.
- You agree to make full payment to Alvernia University no later than **30 days** after the semester ends. After that date, you will be assessed a \$200 late fee and be subject to removal from the Deferment Program. Past due accounts of 150 days or more will be assigned to a collection agency and will be subject to 33 1/3% collection costs.

I have read and understand the Terms and Conditions listed above.

Student's Signature: _____

Date: _____

Employer Section

This verification is to confirm that the above-named employee is eligible for Tuition Reimbursement.

The employer's tuition reimbursement policy requires successful completion of the courses with a grade of _____ or better to obtain _____% of tuition reimbursement, **AND/OR** the employee is eligible for a capped amount of \$_____

per semester. If the employee fails to meet the criteria of this policy, then the employee is solely responsible for the tuition.

Reimbursement check will be sent to: _____ Student _____ Alvernia University

Name of Employer: _____ Telephone #: _____

Address of Employer: _____

Supervisor/HR Director's Name and Title: _____

Supervisor/HR Director's Signature: _____ Date: _____