



Tuition Reimbursement Form/Verification of Employer Benefits

Year: _____ Term (Select One): Fall Winter Spring Summer

Section A: Completed by Student

Student Name: _____ **Student #** _____

Employer Name: _____

Section B: Completed by Employer Representative

Authorizing Official:

Print Name: _____ **Phone (_____)** _____

Title: _____ **Email:** _____@_____._____

Signature: _____ **Date:** _____

Statement of Financial Responsibility:

- I acknowledge that by registering for classes at Alvernia University, I agree to pay all assessed tuition and fees that result from my initial registration and/or future drop/add activity. I understand that I am responsible to pay for all classes in which I am registered after the final day of the term’s drop/add period, which is published on the University’s Academic Calendar found on the website. I understand that if I’m not planning to attend, it is my responsibility to drop or notify the university of my intention to drop my classes on or before the end of the term’s add/drop period.
- I understand that Alvernia University will notify me about my outstanding charges and debt via my Alvernia.edu e-mail account or is available for review through myAlvernia portal. I further acknowledge that payments must be received on or before the due dates listed on my e-bills and that I may be charged late payment fees for delinquent payments.
- I agree that Alvernia University may restrict my right to register or receive other University services in accordance with University policies until I pay all past due balances. I understand that should my student account become delinquent, Alvernia University reserves the right to assign my delinquent account(s) to a contracted collection agency, attorney and/or credit bureau. I understand that I will be held responsible for all fees and/or costs, associated with the recovery of my delinquent account(s), including but not limited to: collection fees, attorney fees, court costs, and service fees, in addition to my outstanding balance. Collection fees and/or attorney fees will be assessed at a maximum rate of thirty-three and one third percent (33 1/3) of my balance due.
- In addition, I agree to allow Alvernia University and its agents to contact me at any cell phone number that I provide now or use in the future, using automated telephone dialing systems, artificial or pre-recorded voice or text messages, or personal calls regarding my obligation to repay my debts to Alvernia University. I also authorize Alvernia University or its agents to contact me via my Alvernia.edu address or an email address that I provide to the University. I understand that others may be able to access my messages and/or emails and their contents, which may include information about my debt and its status.

Signature indicates consent of financial responsibility as well as authorization for employer to submit information to Alvernia.

Student Signature _____ **Date** _____

When Section B is complete, forward this sheet to:
The Office of Student Financial Services
 400 St. Bernardine Street, Reading, PA 19607 / Fax: 610.796.8336 / Email: sfs@alvernia.edu

»Payment is due no later than 60 days from the conclusion of the class
 »The student will continue to receive a monthly statement during the deferment period
 »All tuition is the responsibility of the student