

Section I. To be completed by student**UNIVERSITY OF AKRON DEFERRED PAYMENT PLAN****Application Fee \$35.00**

Please Print All Information

Office Use Only

-
- Meets Requirements
-
-
- Denied

GPA

Student Name

Student Address

Telephone

Student ID#

Term/Year

The Deferred Payment Plan benefits students in which their employer offers a tuition reimbursement program. Since reimbursement programs may vary, The University of Akron reserves the right to review each program for eligibility for the Deferred Payment Plan. Based on the restrictions of your employer's program you may be denied participation in the Deferred Payment Plan. Individuals receiving any financial aid award will not qualify for the Deferred Payment Plan.

The following documentation must be attached, or verification of information must be done **each term and submitted along with a required down payment of \$300.00.**

A statement from your employer, which outlines their tuition reimbursement program

Verification of employment should be noted by employer below. Employment must be at least 90 days. Eligibility by employer may be longer.

Prior enrollment (one term) at The University of Akron, or transcripts which indicate 2.0 or greater GPA

To begin the Deferred Payment Plan, this application and fee must be received by mail (PO Box 2260, Akron, OH 44309), or in person at the Cashier's Window (Simmons Hall) by the close of business on the due date. **All prior obligations and prior term payment plan must be paid in full before next term application will be approved.** Your tuition charges can be viewed via the web at www.uakron.edu. Access your My Akron account, click on Student Center.

Adjustments or changes to your class schedule will automatically apply to the plan. It is the student's responsibility for payment of any fees not covered under this contract such as but not limited to; past due obligations, parking, housing, or other fees not course related. These fees must be paid prior to or included with the Deferred Payment Plan application fee. Full payment will be due 30 days from the date grades are posted. It is the student's responsibility to know when payment is due and submit grades to their employer for disbursement of funds. A late charge will be assessed to the account balance if not received on time. Should the student's employment cease during the course of this agreement, the student shall nonetheless continue to be liable and responsible for full payment of and all duties arising out of the terms of this agreement.

I hereby acknowledge that I have read all of the provisions of the Deferred Payment Plan as described above, and authorize my employer to make checks payable to The University of Akron.

Student Signature: _____ Date _____

Section II. To be completed by employer

Employer Name: _____ Phone: (____) _____

Mailing Address: _____
 Street City State Zip

Employee's Date of Hire: ____/____/____ Full-time: Part-time:

Position: _____

The above named student is eligible for our company educational assistance program: Yes No

Upon receipt of the employee's semester grades and/or tuition statement, we will submit payment for the amount of the fees due to The University of Akron, according to our educational assistance policy direct to the University or to the employee for payment.

Authorized Official _____ Date _____
 Signature

Printed Name

Title _____

Submit to: The University of Akron, PO Box 2260, Akron, Ohio 44309