

VERIFICATION OF BENEFITS

Tuition Reimbursement Corporate Affiliations

SEMESTER: Fall _____ Spring _____ Summer _____ Year _____

Tuition Due Dates (for Non-Tuition Deferment Students):

FALL - Aug. 10 | SPRING - Dec. 10 | SUMMER - May 10

THE FOLLOWING MUST BE COMPLETED EACH SEMESTER IN ORDER TO BE ELIGIBLE FOR TUITION DEFERMENT

Complete, sign and forward this form to your Manager/HR representative at the affiliated organization.

This completed form with both signatures must be submitted prior to the tuition due date.

Tuition will be due 30 days from the date that semester's grades are posted by La Roche University.

Name _____

Student I.D. _____

Address _____

Day Phone _____ Evening Phone _____

Employer _____ Position _____

I promise to pay tuition and fees in accordance with La Roche University payment policies. To the best of my knowledge and belief, the information given herein constitutes a benefit for which I am currently eligible. If my employer does not reimburse me for tuition and fees or if these benefits change, I understand that I am responsible for the total amount of tuition charges and fees. I will notify the Finance Office so that a revised billing may be completed. Failure to do so on my part will result in the total balance on my account to become immediately due and payable. In addition, I promise to pay a late charge computed at 1.5 percent per month on the past due balance if payment is not received in the Student Accounts Office by the due date. I also promise to pay costs of collection, all attorneys' fees and other collection costs and charges necessary for the collection of any amount not paid when due to the University. I have been advised regarding the maximum number of credits/percentage tuition reimbursement benefit that I am eligible for.

Student Signature _____ Date ____/____/____

I hereby verify that the above-named student is eligible to receive the indicated benefits. I have advised him/her regarding the maximum tuition reimbursement benefit available.

Manager/HR Representative's Signature _____

Phone _____ Date ____/____/____

If you have any questions regarding the "VERIFICATION OF BENEFITS," please contact the La Roche University Student Accounts Office at 412-536-1030.

Please return "VERIFICATION OF BENEFITS" to:

Student Accounts Office | La Roche University | 9000 Babcock Blvd.

Zappala Campus Center, Room 204 | Pittsburgh, Pa 15237

or Fax: 412-536-1075

12308

OFFICE USE ONLY:

Coded in system: _____

Financially cleared: _____