



# Employer Reimbursement Platform

The University of North Florida Employer Reimbursement Plan is designed for graduate students whose employers offer reimbursement for tuition and related fees. Since employer reimbursement is usually issued at the end of a term, the plan allows participants to defer their course payments until after the term has been completed. There are no finance charges.

## Eligibility

Participation in the Employer Reimbursement Plan is open to graduate students who have earned a degree in H H L Q J S U R J U N P and are in good academic standing, and whose employer will reimburse them for

**NO**

**A. Student Information**

Full Name:

Date:

N#:

Email:

Phone:

Address:

City, State, Zip Code:

Degree Program:

Department:

Expected Graduation Date:

Term for which Tuition Reimbursment Plan is requested:    Fall    Spring    Summer

Courses planned for this term:

**% Student Signature**

By signing this form, I am confirming I have read the terms and conditions of the Employer Reimbursement Plan below and understand the consequences of failure to abide by the terms and non ( S D \ P H , Q W V R D X W K o R U L ] H 8 contact my employer to confirm the information I have provided on this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Terms and Conditions**

By signing this form, you agree to the following terms and conditions:

- x I agree to pay my account in full within 30 days after grades are received, regardless of the status of the reimbursement or employment status.
- x I agree to pay amounts not covered by the Employer Reimbursement Plan when originally billed and due.
- x I acknowledge that the plan only covers amounts reimbursed by the employer, and that UNF reserves the right to require payment of certain ~~O~~ that \_\_\_\_\_ of \_\_\_\_\_

C. Employer Verification

I hereby certify that the student identified in Section A is employed by

\_\_\_\_\_ Company Name  
and is eligible to SDUWLF L S D W H L Q W K H 8 Q L Y H U V L W \ R I 1 R U W K ) O R U L G D ¶ V

The above named company is covering \_\_\_% of the tuition and \_\_\_% of related fees, or a flat dollar amount of \$\_\_\_\_\_, for the above Q D P H G V W X G H Q W ¶ V F R X U V H Z R U N D V G H W D L O H G L  
UNF will assume that the company is covering 100% of ~~cost~~ g

Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Human Resource Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UNF Use Only	
Date Received:	Term for Plan:
• Approved   Not Approved   Reason:	
Amount Deferred	Date:
Comments:	