

**TUITION REIMBURSEMENT PAYMENT PROGRAM
APPLICATION & AGREEMENT**

Student/Employee Application

NAME: _____ Student ID# _____ Phone # _____
(Last, First, Middle)

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

B-W PROGRAM OR COURSE OF STUDY: _____

_____ Undergrad (Day) _____ Undergrad (Eve/Weekend) _____ MASTERS

Employer: _____ Job Title: _____

A NEW FORM MUST BE COMPLETED EACH SEMESTER. INCOMPLETE FORMS WILL NOT BE APPROVED.

Fall _____ Spring _____ Summer _____ Semester of Year 20 _____
(This includes .417% monthly interest on unpaid balance (APR = 5%))

STUDENT AGREEMENT

SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT AND ACCEPTANCE OF THE TERMS AND CONDITIONS OF PARTICIPATION IN THE BW TUITION REIMBURSEMENT PAYMENT PROGRAM (TRPP).

5. I understand that participation in the TRPP program is subject to the approval of the University Bursar's Office. I have read and understand the above and acknowledge my obligation and my responsibility for full payment of all tuition and charges that are related to my attendance at Baldwin Wallace University. I further agree to make monthly interest payments, for monthly interest charges reflected on my student account/statement, while I await my employer tuition reimbursement.

Signed _____ Dated _____

COMPANY VERIFICATION

Your employee is applying to Baldwin Wallace University for a variance of our normal billing/payment requirement. Please furnish us with the following information related to your reimbursement program.

REIMBURSEMENT INFORMATION:

Please give details below or attach your company's reimbursement program.

Company reimbursement will include payment for (check all that apply)

Tuition Student Fees Books/Supplies Finance Charges