

Academic Year ____/____
ID# _____



EMPLOYER REIMBURSEMENT VERIFICATION

I am employed by _____, where I am eligible for coverage by a tuition reimbursement plan.

I have attached a copy of my company's reimbursement policy which includes detailed information regarding maximum amounts reimbursed per calendar year, percentage of tuition reimbursed and GPA requirements. I have also read and understand my company's reimbursement policy.

I understand that this Employer Reimbursement Verification form is required to determine my eligibility for participation in Westminster College's Employer Reimbursement Payment Plan and that a copy of this form will be provided to the Financial Aid Office.

I understand that in addition to this verification, a promissory note must be signed with Student Account Services.

I understand that I am under obligation to notify Student Account Services immediately if my employment or the terms of my company's reimbursement program changes.

In order to prove cost to my employer, Student Account Services can provide, upon my request, one of the following:

- Statement of Account – a history of the transactions on the tuition account including tuition, fees, finance charges, and any credits that have been applied (including financial aid).
- Invoice – a detail of the registration invoice showing the tuition charge per class.

Note: Please allow at least 48 hours for processing. This information will not be processed during the first week of any given semester.

Student Signature _____ Date _____

Print Name _____ Date _____

Company Name _____

Company Address _____

Telephone Number _____ Fax Number _____

To be completed by employer:

The above student/employee is eligible for tuition reimbursement.

Signature _____ Date _____

Print Name and Title _____ Phone Number _____