University of Southern Indiana

Employer Paid Tuition form (2010-2011)

Please print this form and send it to University of Southern Indiana, 8600 University Boulevard, Evansville, IN 47712 with your registration form. You may also fax it to (812) 464-1958. If you have any questions, please contact us at (812) 464-1868.

The employer paid tuition plan allows students to enroll in classes at USI without having to pay for the classes prior to the start of a term if they can verify, through the submission of this form, that tuition and/or fee charges will be reimbursed by their employers. If the student's final grade for the class is a factor affecting reimbursement, the employer may defer payment until after the student received and submits a final grade report. Payment may be deferred for tuition and registration fee charges only. Students may not defer payment for the application fee or for the purchase of books.

To be completed by an authorized personnel representative:

Please supply the following information for each student to be supported by your reimbursement plan:

Student's Name: _____

Student's I.D.: _____ Term enrolled _____ Fall _____ Spring _____ Summer

Approved classes to be covered:

_____ _____

_____ _____

_____ _____

_____ _____

Name of Company: _____

Company Phone: (_____) _____

Contact Name at Company: _____

Company Address: _____

_____

Authorized reimbursement:

Tuition	_____ #credit hours	$184.67	undergraduate	$0.00
Tuition	_____ #credit hours	$439.53	out of state	$0.00
Tuition	_____ #credit hours	$267.95	graduate	$0.00
Tuition	_____ #credit hours	$528.62	out of state	$0.00
Partial tuition	Rate: _____ %			
Laboratory fees				
Campus service fees				
Parking fees				

Total reimbursement $0.00

_____ _____ _____

(Date) (Authorizing Signature) (Title)

_____

(Printed Name)

To be completed by student :

I assume responsibility for these tuition and fee charges if, for any reason, my employer refuses to pay them. I also agree to pay any and all collection charges or reasonable attorney fees which might be incurred in the attempt to collect these fees.

Signature _____ Date _____