

**MOUNT ALOYSIUS COLLEGE – GCE TUITION DEFERMENT PAYMENT PLAN
FOR EMPLOYER REIMBURSEMENTS**

The purpose of this application is to request deferment of your tuition until 45 days after the end of the semester. This plan does not cover fees or textbooks. In order to qualify for this plan you must:

1. Be currently employed by an organization which maintains a qualified tuition reimbursement program
2. Be accepted and enrolled in a Mount Aloysius College GCE Program
3. Return this application along with the non-refundable application fee of \$50 **no later than two weeks prior to the beginning of the semester** for which the deferment will apply.

Fees and tuition balances not covered under the employer's tuition reimbursement program must be remitted by the original due date. Payment in full of your tuition invoice **must be received within 45 days of the end of the semester**. Students with outstanding financial obligations will not be permitted to receive grades, transcripts, or diplomas, or to participate in graduation. Questions should be directed to the Controller's Office at (814) 886-6473.

This form must be completed for each semester the student is participating in the Tuition Deferment Payment Plan. Please mail this completed form along with the plan fee of \$50 to Mount Aloysius College, Controller's Office, 7373 Admiral Peary Highway, Cresson, PA 16630.

APPLICATION FOR TUITION DEFERMENT

(Please print all information legibly)

Semester: _____

Student Name: _____ SSN: _____

Phone: _____ Evening _____

GCE Program: _____

Employer Name: _____

Employer Address: _____

Employer Human Resource Representative:

Name: _____ Phone: _____

Payment of the non-refundable fee of \$50.00 must accompany this application. Method of payment:

Cash Visa/MasterCard/Discover/American Express (circle one)

Money Order Account Number _____

Check Expiration Date _____

Payable to Mount Aloysius College

I understand the policies and procedures associated with the Mount Aloysius College GCE Tuition Deferment Payment Plan for Employer Reimbursements and I accept my financial obligation to the College.

Signature _____ Date _____