

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

The purpose of this application is to request deferment of payment 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. Questions should be directed to the Controller’s Office at (814) 886-6368.

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 deferment fee of \$50 to Mount Aloysius College, Controller’s Office, 7373 Admiral Peary Highway, Cresson, PA 16630. You may also fax the form to 814-886-4655 or email it to [BusinessOffice@mtaloy.edu](mailto:BusinessOffice@mtaloy.edu)

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**APPLICATION FOR TUITION DEFERMENT**  
(Please Print Legibly)

Semester Term: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

GCE Program: \_\_\_\_\_

Employer Name: \_\_\_\_\_

**Payment of the non-refundable fee of \$50.00 must accompany this application.**

Method of Payment: \_\_\_\_\_ (Please Circle One)  
\_\_\_\_\_ Cash                      \_\_\_\_\_ Visa/MasterCard/Discover/American Express

\_\_\_\_\_ Check                      Account Number \_\_\_\_\_  
(Made payable to: Mount Aloysius College)

\_\_\_\_\_ Money Order                      Expiration Date \_\_\_\_\_                      3 Digit Security Code \_\_\_\_\_  
(Made 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 Mount Aloysius College.

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