



**Office of the Bursar**  
*Lake Shore Campus*  
6525 N. Sheridan Road | Chicago, Illinois 60626  
Phone 773.508.7705 | Fax 773.508.8727  
bursar@luc.edu

Dear Student,

Thank you for your interest in the Loyola University Employer Reimbursement Plan (ERP).

The Employer Reimbursement Plan is designed to enable all students who are eligible for tuition reimbursement from their employer to defer payment of those tuition and fees covered under their employer agreement. The application fee is **\$100.00 per term**. All non-deferred tuition and fees must be paid at the time of application. You may only apply for the current term.

For example, if your employer will pay ninety percent of tuition and fees, that is the amount of tuition and fees we will defer through ERP. The remaining ten percent, along with the \$100.00 application fee, will be due upon application.

**Students receiving loans are not eligible for ERP.** Loans are posted directly to the student account to cover the tuition cost first. Therefore, the amount of the loan should be sufficient to cover the entire balance on your account, plus any additional amount you may need to cover living expenses. Subsequently, any excess of the loan will be refunded to the student once a credit balance is achieved, leaving no balance to defer.

Reimbursable tuition and fees will be deferred based on the following schedules.

**Please notice these dates have recently changed. Late forms will not be accepted.**

<b>Semester Students: (including 8 week session students)</b>	<u>App Deadline</u>	<u>Deferred Due Date</u>	<b>GSB Students:</b>	<u>App Deadline</u>	<u>Deferred Due Date</u>
Fall	September 2, 2008	February 5, 2009	Fall	September 2, 2008	December 5, 2008
Spring	January 20, 2009	June 5, 2009	Winter	November 12, 2008	April 5, 2009
			Spring	February 27, 2009	June 5, 2009

To apply for ERP, please submit:

- The completed Deferred Tuition Agreement form
- A copy of your employer's reimbursement plan
- The \$100 application fee
- Cash or check for any non-deferred tuition and fees

to one of the following Office of the Bursar locations:

*Sullivan Center 190  
6525 N. Sheridan Rd.  
Chicago, IL 60626*

*Lobby, Student Services Center  
25 E. Pearson  
Chicago, IL 60611*

If you have any questions about ERP, please contact the Office of the Bursar at (773) 508-7705 or email to bursar@luc.edu.

Sincerely,

Office of the Bursar



Preparing people to lead extraordinary lives

## Office of the Bursar Employer Reimbursement Plan Deferred Tuition Agreement

**TO BE COMPLETED BY STUDENT:** Please check what term you are applying for. These dates have recently changed. **Late forms will not be accepted.**

<b>Semester Students: (including 8 week session students)</b>	<u>App Deadline</u>	<u>Deferred Due Date</u>	<b>GSB Students:</b>	<u>App Deadline</u>	<u>Deferred Due Date</u>
_____ Fall	September 2, 2008	February 5, 2009	_____ Fall	September 2, 2008	December 5, 2008
_____ Spring	January 20, 2009	June 5, 2009	_____ Winter	November 12, 2008	April 5, 2009
			_____ Spring	February 27, 2009	June 5, 2009

I agree to all of the terms and conditions set forth in this agreement (listed below) and I am aware that if my employer does not pay by the deferred due date, I am liable to pay the balance owed in full at that time. **The application is void if required sections are not initialed.**

Under the terms of this deferred tuition agreement:

- |  |                            |
|--|----------------------------|
| 1. I have paid in full all non-deferred balances from prior terms.   | <b>Initial here:</b> _____ |
| 2. I have not received a student loan for the term noted above.  | <b>Initial here:</b> _____ |
| 3. I agree to pay my tuition account in full no later than the deferred due date even though I have not completed my course(s), or reimbursement has not been issued by my employer. | <b>Initial here:</b> _____ |
| 4. I understand this deferment covers only that percentage of the tuition and fees that is being paid for by my employer. All other charges are due at the time of application.      | <b>Initial here:</b> _____ |
| 5. I understand that if my account is not paid when due:   | <b>Initial here:</b> _____ |
| a. A late payment fee of 1.5% will be assessed monthly on the past due balance.  |                            |
| b. I will be unable to receive University services and register for future terms.  |                            |
| c. My account may be referred to collections, reported to a credit bureau, and charged with collection costs.  |                            |
| d. I will not be eligible to participate in the ERP plan for future terms.   |                            |

**Enclosed is my \$100 non-refundable application fee and payment in full for any non-deferred charges for the term indicated. All applications received without appropriate payment (cash or check) will be denied. Applications received after the deadline will not be accepted.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

(please print)  
Permanent Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Loyola E-mail \_\_\_\_\_

Business Number \_\_\_\_\_ Business E-mail \_\_\_\_\_

Total Balance for This Term \_\_\_\_\_ Total Balance Employer Will Pay \_\_\_\_\_

**Bills and grades are issued to the student only. It is the responsibility of the student to provide their employers with copies of any documents their employer may require. The University does not accept responsibility for delays in the U.S. Postal System. Please return application to the Office of the Bursar at either address below. You will be notified only if your application has been denied.**

**TO BE COMPLETED BY EMPLOYER:**

I hereby certify that (employee name) \_\_\_\_\_ is employed at

Business Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

and is eligible to participate in the employee tuition reimbursement program.

Maximum dollar amount or percentage paid for **this term** under the reimbursement plan \_\_\_\_\_

Terms and conditions of repayment \_\_\_\_\_

Name of Business Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Random audits may be conducted by the University to verify the employment information you have provided.**

**Return a copy of your employer's reimbursement plan, fees and application to one of the following locations by the specified deadline:**

Loyola University Chicago	Loyola University Chicago
Office of the Bursar	Office of the Bursar
Sullivan Center 190	Lobby, Student Services Center
6525 N. Sheridan Rd.	25 E. Pearson
Chicago, IL 60626	Chicago, IL 60611
Telephone: (773) 508-7705	Email: bursar@luc.edu

**OFFICE USE ONLY:**

DATE: \_\_\_\_\_  
 TERM: \_\_\_\_\_  
 APP FEE: \_\_\_\_\_  
 TUITION: \_\_\_\_\_  
 FEES: \_\_\_\_\_  
 % DUE: \_\_\_\_\_  
 RECEIPT: \_\_\_\_\_