



UNIVERSITY OF MISSOURI – ST. LOUIS
EMPLOYER REIMBURSEMENT DEFERRED PAYMENT PLAN
 CASHIER'S OFFICE, 285 MSC, ONE UNIVERSITY BOULEVARD, ST. LOUIS, MO 63121
 Phone 314-516-5151 - Fax 314-516-5302 - Email scanned copy to cashiers@umsl.edu

Enter Year	
Fall	
Spring	
Summer	

The University of Missouri-St. Louis recognizes that many companies offer tuition reimbursement to their employees. The ERDPP program allows students to take advantage of employer tuition reimbursement by deferring payment of all, or a portion, of tuition & fees. See <http://www.umsl.edu/cashiers/billing-payment/explanations/erdpp.html> for more information.

ERDPP applicants must submit this application + a \$50 non-refundable application fee + your employer's reimbursement policy for each semester that ERDPP is desired. ERDPP applicants must pay any non-reimbursable charges at the time of application, and pay account balance in full by the payment deadline below.

	FALL semester ERDPP applicants	SPRING semester ERDPP applicants	SUMMER semester ERDPP applicants
Payment in full deadline	Feb 1 st	July 1 st	Oct 1 st

To be completed by student:

My \$50 non-refundable ERDPP application fee has been paid by: Personal Check(enclosed)
 eCheck or eCredit Card from <http://ebill.umsl.edu> on _____
 Other payment method _____

Student Name _____ Student ID Number _____
Last First

Permanent Address _____
Street City State Zip

Telephone Number _____ UMSL e-mail _____

To be completed by employer:

By signing this document, the employer confirms that a reimbursement plan is available to the above employee/student. Upon completion of the coursework, the STUDENT is responsible for making payment to the University. AT NO TIME IS THE EMPLOYER RESPONSIBLE FOR PAYMENT TO THE UNIVERSITY.

I hereby certify that (employee name) _____ is employed at
 Business Name _____
 Business Address _____
Street City State Zip

and is eligible to participate in our employee reimbursement program. The maximum dollar amount or percentage paid for this semester under the reimbursement plan is \$ _____ or _____% for all student fees, fees (no optional fees), or Education fee only.

Name of Business Representative _____ Title _____
 Business e-mail _____ Telephone Number _____ Signature _____ Date _____

Terms and Conditions

- All prior term balances must be paid in full.
- I agree to pay my student account in full no later than the payment in full deadline date listed above whether or not I have completed the work for my course(s), and **whether or not reimbursement has been issued to me by my employer.**
- Extending the payment due date is not negotiable. ERDPP is an **extended** payment plan.
- I understand this deferment covers only that percentage of fees that are being paid for by my employer, and that all other charges are due at the time of application.
- I will be allowed to register for future terms as long as my account is not delinquent and all non ERDPP fees are paid in full.
- I understand that if my student account is not paid on or before the payment in full deadline date listed above it will be considered delinquent and:
 - A late processing fee of \$100.00 will be assessed.
 - Finance charges of 1% per month and late payment fees will begin to accrue.
 - I will be unable to register for future terms or receive transcripts or diploma until balance is clear.
 - My account may be referred for collection, reported to a credit bureau and I will be charged the collection costs, which may add up to 50% of the unpaid balance to my account.
 - I will be withdrawn from my enrollment in future terms, and will be prevented from registering for future courses until my account is paid in full.
 - I may not be eligible to participate in the deferred payment program for future terms.
- I understand that if I do not meet the requirements or eligibility for reimbursement from my employer, withdraw from my course(s) or from the University, that:
 - I will be subject to the fee reassessment schedule as set forth in the Guide to Paying Fees.
 - My liability is not waived.
 - I am responsible for payment of all fees immediately.
 - I agree to be held personally liable in the event that my company fails to reimburse me for any part of or the full amount of these charges.
- I understand that I will be responsible for securing grades and for submitting them to my company in a timely manner.
- I release my rights under the Family Educational Rights & Privacy Act (Buckley Amendment) and agree to allow the University of Missouri – St. Louis to release my financial information or to contact my Employer.
- If I receive loans or credits of any kind during my ERDPP agreement, these will be used to pay my student account. If such credits create a refund due on my student account, this portion will be refunded to me. (ERDPP amounts are not credited to student accounts until payment is actually received.)
- A new agreement must be submitted each semester.
- I understand that I will continue to receive monthly billing statements as a reminder of the balance due. New charges should be paid by the billing due date.
- This agreement is not valid until approved by the Cashier's office.

By signing, I agree to the terms and conditions set forth in this agreement. I, not my employer will be fully responsible for making payment.

Student Signature _____ Date _____

For office use only: Date received _____ Approved by _____ LTE _____