

CEDAR CREST COLLEGE
100 College Drive, Allentown PA 18104
Office: 610 606-4602 • Fax: 610-606-4653
TUITION DEFERMENT FORM

REVISED 4/2008

Student Name

Employer Name

Student ID#

Home Phone

Home Address

Home City, State, Zip

Must complete a form for each semester:

SEMESTER: Fall Winter Spring May Summer

YEAR: 20_____

\$ _____
Total Semester Invoice

- \$ _____
Employer Reimbursement

equals \$ _____
Due from student *by the tuition due date*

Instructions for Tuition Deferment Application:

1. Entire application must be completed and signed each semester, and submitted prior to the tuition due date.
2. Only the amount of tuition which is expected to be reimbursed by the employer will be deferred. The student's portion of her/his bill is due **by the semester tuition due date**.
3. The entire amount of deferred tuition is payable to Cedar Crest College **no later than 4 weeks after grades are issued**. The student is responsible to make payments by this date **even if they have not been reimbursed by their employer**.
4. Failure to pay by the due date will constitute loss of privilege of the tuition deferment program for future semesters

PROMISSORY NOTE

I, _____ (student), promise to pay Cedar Crest College the sum total of my tuition and fees as noted above, or that part associated with a withdrawal according to the schedule of withdrawals and adjustments of charges in the College Catalog. Payment of deferred tuition shall be submitted to Student Financial Services no later than 4 weeks after grades are issued. In the event that I do not obtain reimbursement from my employer, for any reason (including withdrawal from courses or termination of employment), I AM RESPONSIBLE FOR PAYMENT OF THE BALANCE DUE.

Accounts not paid by the due date will be charged a late fee of \$200.00 per month

Student agrees to be bound by these terms.

Student Signature

Date

Approved By: _____
Authorized College Signature

Date