

**MARYWOOD UNIVERSITY**  
**Cashier's Office**  
**2300 Adams Avenue, Scranton, PA 18509**

**“APPLICATION FOR EMPLOYER DEFERMENT OF TUITION PAYMENT”**

**TO BE ELIGIBLE FOR EMPLOYER DEFERMENT OF TUITION PAYMENT, A STUDENT MUST:**

- a. Be gainfully employed by a firm which has a tuition-benefit policy, **and the employer is required to pay directly to Marywood University;**
- b. Furnish a bonafide copy of his/her employer's policy;
- c. Complete the following form and submit it to the Cashier's Office at registration;
- d. Have all previous bills owed to Marywood University paid in full;
- e. Pay all fees by the semester due date or at registration; whichever date is later;
- f. Remit by the due date or at registration the difference in tuition & fees when an employer pays only a percentage thereof;
- g. Make payment within **3 weeks** after the end of the term, if the employer does not reimburse until the end of the term;
- h. Pay in full final semester charges prior to graduation.

All deferments are owed and payable within **three weeks** after the end of the term, whether or not the total amount of the tuition obligation has been paid by the employer. Marywood University reserves the right to accept or reject any employer's tuition benefit policy. If for any reason, a student's application is rejected, the student will be notified of the reason for the rejection.

**TO BE COMPLETED BY STUDENT:**

I request that payment of tuition for the \_\_\_\_\_ semester of \_\_\_\_\_ be defer. **BY SIGNING THIS FORM, I AU**

**RELEASE MY GRADES TO MY EMPLOYER.** (Applicable only if Marywood University bills employer directly.)

ID. # \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Address of Student

\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

I certify that the above-named applicant is employed by our firm and is eligible for tuition benefits in the amount of \$\_\_\_\_\_ for the \_\_\_\_\_ semester of \_\_\_\_\_. **Payment will be made directly to Marywood University within three weeks after the end of the term.**

Date: \_\_\_\_\_  
Phone No. \_\_\_\_\_

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address of Firm

\_\_\_\_\_  
Signature of Executive Officer

Title of Executive Officer \_\_\_\_\_

**TO BE COMPLETED BY MARYWOOD UNIVERSITY, STUDENT ACCOUNTS:**

The above information has been reviewed and the applicant is: \_\_\_\_\_ eligible or \_\_\_\_\_ not eligible. If not eligible, state reason: \_\_\_\_\_

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

Manager, Cashier's Office