

Tuition Deferment Plan Information

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Students eligible to receive employer tuition reimbursement may participate in the Mount St. Joseph University's Tuition Deferment Plan to pay for their tuition. The following are required **each** term:

- A Tuition Deferment Plan form must be completed each term and returned to the Student Administrative Services Office with manager's signature. A copy of the Employers' Tuition Assistance Program Policy stating the total yearly allowable reimbursement in dollar amount must be attached.
- 2. Payment of 1/3 tuition and \$15.00 Administration Fee by the confirmation date for **each** term you participate in the Deferment Program. **The \$15.00 Administration Fee in non-refundable if classes are dropped.**
- 3. Remainder of tuition is due **45 days** after last day of session. Service fees will not be charged during the deferment period. Monthly statements will continue to be available through the Student Account Center (SAC) only to confirm that charges are correct.

Also, please note that a transcript/diploma hold will be placed on your student account. With this hold in place, any request for transcripts or diploma will **not** be honored until your account shows a zero balance. The hold will be removed within one week of receipt of payment in full. **Contact Student Administrative Services Office at 513-244-4418 if you need help with this form.**

$\begin{array}{l} \textbf{Mount St. Joseph University Deferment Plan} \\ (\textbf{MUST BE SUBMITTED FOR } \underline{EACH} \ \textbf{TERM}) \end{array}$

Date		ID		Term
NameLast (Please	Print)	First		M.I.
City/State/Zip				
List the course(s) th	at will be reim	bursed by your employer:		
Credit Hours D	ept.	Course #	Course Name	
Calculate your charges below, please read carefully before entering data: 1. Enter total tuition and fee charges for course(s) listed above:				\$ Total Charges
Calculate o	one-third of yo	ur total charges:		
\$	Total Charges	x 0.33 One-Third	=	\$ One-Third Charges
				\$15.00 Administration Fee
2. Total amount due by confirmation date: (MUST BE PAID <u>EACH</u> TERM)				\$
3. Remainde	r due 45 days	after last day of term:		**************************************
To be completed b	y employer:			
Yearly allowable reimbursement amount \$				Fiscal Calendar (Please check one)
Manager's Signatur	re	Comp	any Name	Date
Personnel Contact		Person	nnel Telephone No.	
		OF	FICE USE ONLY	

4. Code/no serv. fee on: _

5. Code/subsidiary on: _____

1. Confirmation amount paid _____

2. Confirm session done:

3. \$ 15.00 Admin. fee on: