

Student Payment Agreement/ Employer Assistance Information

Tabor College Wichita • 7348 West 21st Street North, Suite 117 • Wichita, Kansas 67205

E-mail: tcwadmissions@tabor.edu • Web Site: <http://tcw.tabor.edu>

Phone: 316 729-6333 • Toll Free: 800 546-8616 • Fax: 316 773-5436

Request for deferred payment arrangements – employer reimbursement paid directly to student

Request for direct billing to an employer

Student Information:

Student Name: _____

Social Security Number: _____ Daytime Phone: _____

Program: _____ Class Number or Term: _____

Employer or Agency Information:

Name: _____ This is an: Employer Agency

Address: _____

City: _____ State: _____ Zip: _____

Attn: _____ Title: _____

Phone: _____

Dollar amount or percentages of anticipated payment for:

Tuition: _____ Fees: _____

Textbooks: _____ Other: _____

1. Will your employer send payment directly to Tabor College and/or make their check payable to the college? Yes No

2. Will your employer pay:

At the beginning of each module By module after grades have been received

At the beginning of each term In monthly installments over the duration of the program

Other: _____

3. Does your employer require an invoice for any portion of the billing? Yes No

4. Does your employer reimburse you directly? Yes No

If yes, is reimbursement by: Term Module/Class

If yes, is it required that grades be received before reimbursement? Yes No

Required: Please attach documentation from your employer or sponsor which verifies employment and/or eligibility for educational benefits (letter, voucher or photocopy of signed approval forms).

(over)

Privacy Act Permission:

If required by my employer for reimbursement, Tabor College Wichita may provide the following information to the above named company/agency (initial to indicate approval):

Grades: _____ Attendance: _____ Financial Information: _____

Terms of Agreement:

- Any registered student who does not officially withdraw from the course(s) in writing will be financially liable for the tuition and fee charges. Refunds will be credited according to the published refund policy.
- If for any reason the student does not meet the employer's requirements for educational reimbursement, the student will immediately become fully responsible for payment of all charges due and owing.
- The student agrees to notify Tabor College Wichita in writing within thirty (30) days of any changes in status of employer or agency and/or of any change in sponsor's reimbursement policy or procedure.
- If requesting deferment of tuition payment due to the waiting period for personal reimbursement by employer; the student agrees to pay on account the cost for tuition and books for each module/course no later than forty-five (45) days from the last scheduled date of the course(s) whether or not the total amount of reimbursement has been issued by the employer. (Does not apply to Direct Billing arrangements)

I UNDERSTAND THE TERMS OF CREDIT EXTENDED BY TABOR COLLEGE WICHITA AND AGREE TO PAY MY OBLIGATIONS TO THE COLLEGE IN ACCORDANCE WITH THE CONDITIONS LISTED ABOVE. IF THE OBLIGATIONS ARE NOT MET IN A TIMELY MANNER, ANY UNPAID BALANCE WILL BE CONSIDERED DEBT SUBJECT TO LEGAL COLLECTION PROCEEDINGS.

Student Signature: _____

Date: _____



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