



Employer Reimbursement

Send Completed forms to:
Office of Business Operations
103 Gilchrist Hall
Cedar Falls, IA 50613
PH: 319-273-2164 FAX: 319-273-3009
Email: student.accounts@uni.edu

Employer Reimbursement Deferred Payment Agreement

The University of Northern Iowa must receive an updated form each semester. If there is a change in employment that invalidates this form the Office of Business Operations must be notified either to negotiate a new agreement and/or terminate the affected agreement. A \$25 deferred billing fee and any portion of the charges for the term which are not subject to this agreement must be paid in full by the specified billing due date.

To be completed by Student: (UNI employees must have the Staff Training Grant approved by Human Resources)

Name: \_\_\_\_\_ University ID: \_\_\_\_\_ Semester \_\_\_\_\_
Address: \_\_\_\_\_
(Street) (City) (State) (Zip)
Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
(Home) (Work)

Upon completion of registration the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws from the University for any reason and in accordance with University policy all remaining tuition and other charges are immediately due and payable.

\_\_\_\_\_  
Student Signature Date

IMPORTANT! If you are receiving or applying for financial aid you must report any tuition reimbursement benefit amounts to the Financial Aid Office. You are not eligible to participate in the deferment if you are expecting excess funds from your financial aid after charges are paid.

To be completed by Employer (for employee benefit certification):

Employer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Please indicate the reimbursement period below:

Academic Year 20\_\_\_\_ - 20\_\_\_\_ : Summer 20\_\_\_\_ [ ] Fall 20\_\_\_\_ [ ] Spring 20\_\_\_\_ [ ]

Term \$ Maximum (if any): Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Category allowed for reimbursement (check all that apply): Tuition \_\_\_\_\_ Mandatory Fees \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Certifying Official Date

UNI Office Use: Date Received: \_\_\_\_\_