



**CLARION UNIVERSITY OF PENNSYLVANIA
Office of Student Financial Services**

STUDENT TUITION DEFERMENT AGREEMENT

PURPOSE:

Completion of the Student Tuition Deferment Agreement will enable you to defer 70% of your tuition/fee charges until 30 days after the conclusion of the semester. During this time, you should be able to secure reimbursement from your employer and remit full payment to the university.

REQUIREMENTS:

1. Your employer offers a tuition reimbursement plan.
2. All applicants must be in good standing with the University.
3. Students will be responsible for any charges due to dropping a course before completion and non- payment by employer.
4. Enroll in the CUPay Payment Plan “Clarion University-Employer Reimbursement” right from your MyClarion student center.
5. Submit completed “Student Tuition Deferment Agreement” to the Student Financial Services Office.
6. The initial 30% down payment must be paid by the end of drop/add.
7. The 70% deferred payment must be paid within 30 days after the end of the semester.

NOTE: *If you wish to pay the payment plan balance off early or cancel the payment plan, you **MUST** contact our office at stfinservice@clarion.edu. **Students may adjust payment methods, but cannot cancel payment plans.***

Credit Card Convenience Fee: 2.8% (subject to change)

Return Check Fee: \$40 (subject to change)

***If these requirements are not met, the student must find alternative means to paying the semester’s charges. The account may also be subject to university holds and/or late fees.**

STUDENT INFORMATION

Student Name: _____

ID# _____

Please defer tuition charges for the following session (**choose only one**):

Fall Spring Summer Year

Please enter numbers below:

Tuition: \$ _____

Fees: \$ _____

Est. Financial Aid: \$ _____

Total: \$ _____

30% Total paid to CUPay: \$ _____

Date Paid: _____

Note: Financial Aid is used to reduce the cost, it cannot be used as payment.

STUDENT AGREEMENT:

Please defer tuition/fee charges as described above. I understand that I must remain in good standing with the University in order to participate in the Tuition Deferment Plan. I will comply with all the above eligibility requirements.

STUDENT SIGNATURE

DATE

EMPLOYER TUITION REIMBURSEMENT AGREEMENT

To be completed by Employer: Employer Name

Employer Address

City

State

Zip

I hereby certify that _____ is our employee and is entitled to tuition benefits. These benefits cover the following semester/year _____. Upon completion of the course(s), the above student will be reimbursed for _____% of tuition and _____% of fees.

Reimbursement should be made directly to the employee for submission to CUPay.

Name & Title: _____

Signature: _____ Date: _____

Student - return completed form to Clarion University

Mail to:

Clarion University
Attn: Student Financial Services
840 Wood Street
Clarion, PA 16214

Fax to:

(814) 393-1925

Email to:

stfinservice@clarion.edu