

COMPANY REIMBURSEMENT PROGRAM ENROLLMENT FORM



Each semester, a letter from the student's employer, a completed enrollment form and the \$25 non-refundable enrollment fee must be submitted to the Student Financial Services Office. All requirements are due by the tuition due date for the semester that you are enrolling for.

Please fill out form completely and print legibly.

I wish to enroll in the program for the following semester: Fall Spring Summer Year: _____

Last Name _____ First _____ Middle Initial _____

RMU ID No. (Please do not record your social security number on this form.) _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

E-mail Address _____

Employer Name _____

Please provide the name and phone number of the person that handles tuition reimbursement for your company.

Name _____ Phone _____

Please provide a Visa, MasterCard, Discover or American Express card account number. Please do not provide a credit card that expires within the dates of this program. Your credit card will only be charged in the event your student account is not paid in full by the final balance due date of the semester. If the credit card changes, you are responsible for supplying RMU with new credit card information.

Card Number _____ Exp. Date _____

Billing Address _____

City _____ State _____ ZIP _____

Please check this box if you would like the \$25 enrollment fee to be charged to the credit card above.

By signing this enrollment form, I declare intent to enroll in the Company Reimbursement Program offered by Robert Morris University. I further agree to all terms and conditions of the program and understand that if I do not pay the entire amount owed, including any deferred amount, plus administrative fees owed by the final balance due date of the semester, Robert Morris University may charge the credit card account provided above for the entire balance due. In the event the balance due cannot be charged to my credit card number, I understand that I am still responsible for this balance and that the school may subject me to penalties, including but not limited to the withholding of academic records, denial of registration for future terms, late payment fees, finance charges, collection costs, reasonable attorney fees, court costs and credit bureau reporting. Notice is hereby given that the University may, at its option, report good and bad credit information (i.e., credit rating, etc.) to credit bureaus and other appropriate non-campus organizations.

Signature of Student _____ Date _____

I release my rights under the Buckley Amendment – Family Educational Rights and Privacy Act of 1974, and agree to allow the University to release any financial and academic information to my employer as requested.

Signature of Student _____ Date _____