

# THE ADULT STUDIES PROGRAM

## EMPLOYER TUITION DEFERRAL PROGRAM AUTHORIZATION FORM FALL 2009

Student Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle Initial

This is to verify that the above named student is an employee of \_\_\_\_\_  
and is fully eligible for tuition assistance benefits, in accordance with company policy. It is our understanding that the above named student is to be enrolled at Virginia Wesleyan College as follows:

COURSE NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CREDIT HOURS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total Credit Hours Approved \_\_\_\_\_

THE TUITION FOR COURSES TAKEN IN THE ADULT STUDIES PROGRAM IS \$310.00 PER CREDIT HOUR.

Please check one:

- Tuition Assistance will be provided in the amount of \_\_\_\_\_% of the total tuition amount,  
up to the maximum amount of \$\_\_\_\_\_  per year  term  credit hour
- Tuition Assistance will be provided in the following amounts:  
\_\_\_\_\_% for a grade of "A" \_\_\_\_\_% for a grade of "B" \_\_\_\_\_% for a grade of "C" \_\_\_\_\_% for a grade of "D"

Please check one:

- No billing necessary; payment will be provided when employee completes company procedures/forms.  
Payment will be made:  directly to the college *or*  directly to the employee  
Payment will be made:  immediately *or*  after completion of the course(s)  
 Statement to be submitted upon completion of term to (*full address must be given for statement to be sent*):

Company \_\_\_\_\_ Attention \_\_\_\_\_

Address \_\_\_\_\_

Questions regarding this authorization should be directed to: Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

It is understood that, should I fail to conform to stated company policy regarding grades, withdraw during the semester or otherwise become ineligible for tuition assistance, I will be responsible for immediate payment in full for all tuition and fees.

Student's Signature \_\_\_\_\_

Phone \_\_\_\_\_

