

THE ADULT STUDIES PROGRAM

EMPLOYER TUITION DEFERRAL PROGRAM AUTHORIZATION FORM SUMMER 2008

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:

TERM: SUMMER 2008 Session 1 Session 2 Session 3 Session 4
(May 27 - June 16) (May 27 - August 11) (May 27 - July 2) (July 3 - August 11)

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 _____

