



## Application for Employer Reimbursement Plan

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This application is for enrolling in the Employer Reimbursement Plan for the specified term. Under the Employer Reimbursement Plan, payment of the student's tuition and fee balance for the specified term will be deferred until 30 days after the end of the term. This deferment period allows an employer time to reimburse the student for the cost of the classes for which the student is registered. The student remains responsible for submitting payment to Drexel regardless of whether the employer reimburses the student or not.

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University ID \_\_\_\_\_ Drexel Email \_\_\_\_\_

Term you are requesting the Employer Reimbursement Plan for:     Fall     Winter     Spring     Summer

### Employer Information

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Human Resources Contact

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

A nonrefundable \$30 participation fee is required in order for this application to be processed, which can be paid to your student account via DrexelOne.

You can also mail your payment by check or money order to Drexel University, Cashier's Office, Suite 106, 3141 Chestnut Street, Philadelphia, PA 19104.

Indicate Payment Method:     Online     Check/Money Order

By signing below, I confirm that I have read the terms and conditions of the Employer Reimbursement Plan at [drexel.edu/drexelcentral/billing/payments/employer-reimbursement-plan](http://drexel.edu/drexelcentral/billing/payments/employer-reimbursement-plan) and understand the consequences of failure to abide by the terms and nonpayment. I also authorize Drexel to contact my employer to confirm the information I have provided on this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_