

PLEASE RETURN TO THE WESCOE SCHOOL IF APPLICABLE.



**TUITION DEFERMENT APPLICATION
FOR STUDENTS WITH EMPLOYER
REIMBURSEMENT**

'BERG ID _____ TERM _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

AMOUNT TO BE REIMBURSED \$ _____ for _____ # OF COURSES

EXPECTED DATE OF PAYMENT* _____
**no later than 6 weeks after grades are mailed*

To The Wescoe School of Muhlenberg College:
Please accept this as verification that the above student is eligible for the tuition reimbursement as shown.

Company Official _____ Title _____
Please print name

Signature _____

Deferment will not be valid unless signed below. Payment of deferred tuition shall be made by the expected date of payment as noted above. You may repay any of all of the amount at any time prior to the payment date. A late payment fee of \$25.00 per month may be charged for any amount not received by the payment date.

Intending to be legally bound, I promise to pay to Muhlenberg College, Allentown, Pennsylvania, the sum total of the deferred tuition as stated above.

Student Signature _____ Date _____

Accepted by The Wescoe School _____

PLEASE SEE REVERSE SIDE FOR FURTHER INSTRUCTION.