

Please Return to the School of Continuing Studies if Applicable



School of  
Continuing Studies

**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* _____		
<i>*no later than 4 weeks after grades are posted</i>		

**To Muhlenberg College School of Continuing Studies**

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 or all of the amount at any time prior to the payment date. A late payment fee of \$100.00 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 \_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR FURTHER INSTRUCTION.