



Company Reimbursement Form

(attach to your registration form in lieu of payment)

CO

2008-2009

APU ID # _____ Social Security Number _____
(If known)

Student Name _____
Last First Middle Initial

Phone _____
Home Number Work Number Email Address

Your Company's Name and Phone _____
Company Name Phone Number

Service Charge \$100.00 (15 Week)
 \$ 50.00 (9 Week)

I request permission to register for the _____20__ session at Azusa Pacific University using my company's tuition reimbursement/remission plan to meet my financial obligation.

Please answer the following questions:

- Have you submitted a copy of your company's policy?
 Attached
 Previously submitted to APU, Student Financial Services
- Have you submitted a statement of current eligibility to participate in your company's tuition program this session?
 Attached (must be submitted each time you register)
- My company will pay _____% of my tuition and _____% of my fees.
- I must pay _____% of my tuition and _____% of my fees, which is enclosed as payment in full or payment according to the institutional payment plan.
- My company's payment is based on the grades I receive. No Yes
(If Yes - the minimum required GPA is_____.)
- My company uses the following system: (check all boxes that apply)
 No invoice from APU is required
 Invoice during the current semester
 Invoice at the end of the term
 Grades are required on the invoice
 Social Security Number (SSN) is required _____

Sign on this line for SSN release

INVOICE INSTRUCTIONS:

- Mail to my home address Send to me by Fax () _____ - _____
 Other: _____

I understand that if for any reason my employer does not make payment to APU, I am responsible for any charges incurred by my registration at Azusa Pacific University. I realize that if my account becomes delinquent, this may have a negative impact on my credit profile. I also understand that I need to pay the appropriate service charge (as listed above).

Student Signature

_____/_____/_____
Date

Office use only: Counselor Track - CO % _____ \$ _____ of Tuition % _____ \$ _____ of Fees

MAILING ADDRESS

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