



SUFFOLK
UNIVERSITY
BOSTON

Tuition Reimbursement Policy Agreement & Promissory Note

I, _____, acknowledge that I am currently employed by a company that offers tuition reimbursement to its employees. The University agrees to extend the semester due date to the first day of class. In the event that my company does not issue my reimbursement on or before the first day of class for the new semester, I am still responsible for paying the balance due. Late Payment fees may also apply and future registrations may be denied if my account becomes delinquent. In addition, collection costs will be assessed if my account is referred for collection and a hold will be placed on all records at the University.

Student Name: _____	Student ID#: _____
Address: _____	
Phone: _____	
Employer Contact Name: _____	
Employer/Company Name _____	
Company Address _____	
Employer Contact Phone: _____	
I understand my responsibilities under the Tuition Reimbursement Policy and agree to the terms.	
_____ Signature	_____ Date

Submit this completed form along with verification of your employer's reimbursement policy to:
Suffolk University, Office of the Bursar, 8 Ashburton Place, Boston, MA 02108.

Tuition Reimbursement Policy

Students participating in their company's reimbursement program are required to pay their tuition for the first semester of attendance. For subsequent semesters, students who have notified us of their participation in a reimbursement program are offered an extended tuition due date of the first day of class. This extension is offered to allow enough time for the company to issue your reimbursement.