

Student's Last Name \_\_\_\_\_

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

LAPU ID# \_\_\_\_\_

Please check one:	
<input type="checkbox"/>	My company will pay the school. I will include a copy of my company's tuition reimbursement policy with this form.
<input type="checkbox"/>	My company will reimburse me after <b>I pay the school</b> . I will include a copy of my company's tuition reimbursement policy with this form.
<input type="checkbox"/>	I will <b>NOT</b> be receiving company tuition reimbursement.

Company Information	
Company Name:	_____
Tuition Reimbursement Coordinator name:	_____
Coordinator phone number:	_____
Coordinator email:	_____

Payment Information	
My company will pay as follows:	
\$ _____	<input type="checkbox"/> per unit <input type="checkbox"/> per semester <input type="checkbox"/> per calendar year
If none of the above, please explain in detail what amount your company will pay.	

**Please Note:**

- **You must submit a copy of your company's tuition reimbursement policy along with this form or it will be returned to you as incomplete.**
- **If at any time you will no longer be receiving company tuition reimbursement, it is your responsibility to complete a new form indicating that change.**
- **If you previously indicated that you will NOT be receiving company tuition reimbursement, but that status changes, it is your responsibility to complete a new form indicating that change.**

**STATEMENT OF FINANCIAL RESPONSIBILITY**

I understand that if for any reason my employer does not make payment for my classes or any program costs, I am responsible for the full amount owed to LAPU. I realize that if my account becomes delinquent, it will have a negative impact on my credit profile. I give LAPU permission to discuss my account and reimbursement policy with my Company.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date