



Student's Last Name

First Name

M. I.

UC ID #

**Please check one:**

- My company will pay the school.
- My company will reimburse me after **I pay the school**. I will immediately complete the Free Application for Federal Student Aid (FAFSA).
- Please check this box if the company reimbursement is renewable for future award years
- I will **NOT** be receiving company reimbursement.

**Company Information**

Company Name: \_\_\_\_\_

Tuition Reimbursement \_\_\_\_\_

Coordinator name: \_\_\_\_\_

Coordinator phone number: \_\_\_\_\_

Coordinator email: \_\_\_\_\_

**Payment Information**

My company will pay as follows:

\$ \_\_\_\_\_  per unit  per semester  per calendar year

If none of the above, please explain in detail what amount your company will pay.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please submit a copy of your company's Tuition Reimbursement Policy along with this form**

**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 University College at Azusa Pacific University. I realize that if my account becomes delinquent, it will have a negative impact on my credit profile. I give University College permission to discuss my account and reimbursement policy with my Company.

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

\_\_\_\_\_  
Date