



Office of the Bursar

Lake Shore Campus

1032 W. Sheridan Road | Chicago, Illinois 60660

Phone 773.508.7705 | Fax 773.508.8727

bursar@luc.edu

Dear SCPS/RN-BSN Student,

Thank you for your interest in the Loyola University Chicago Employer Reimbursement Plan (ERP) for students in the SCPS/RN-BSN Programs.

The Employer Reimbursement Plan allows SCPS and RN-BSN students who are eligible for tuition reimbursement to defer payment of those tuition and fees covered under their employer agreement. The application fee is **\$120.00 per term**. You must re-apply each term and pay the application fee each term you want to participate in the ERP program.

NOTE: ALL NON-DEFERRED TUITION AND FEES ARE DUE AT THE TIME OF APPLICATION.

For example, if your employer will pay 90% of tuition and fees, that is the amount of tuition and fees we will defer through the ERP. The remaining 10%, along with the \$120.00 application fee, will be due with the application.

Applications are accepted based on the following schedule: **EARLY & LATE FORMS ARE NOT ACCEPTED.**

	Term	Enrollment Period Begins	Enrollment Period Ends	Payment Due	
	Fall	07/01/2026	09/03/2026	01/05/2027	
	Spring	01/06/2027	01/21/2027	06/05/2027	
	Summer	05/01/2027	05/26/2027	09/05/2027	

To apply for ERP, please submit:

- ☐ The completed Deferred Tuition Agreement form
- ☐ A copy of your employer's reimbursement plan
- ☐ The \$120 application fee – cash or check only. **On line payments are unacceptable**
- ☐ Cash or check for any non-deferred tuition and fees

and mail or drop off forms and check(s) at one of the following Office of the Bursar locations:

**Loyola University Chicago
Sullivan Center Suite 190
1032 W. Sheridan Rd.
Chicago, IL 60660**

**Loyola University Chicago
Corboy Law Center Lobby, Bursar Office
25 E. Pearson
Chicago, IL 60611**

If you have any questions about the ERP, please contact the Office of the Bursar at (773) 508-7705 or email to bursar@luc.edu.

Sincerely,

Susie Ryan
Office of the Bursar



LOYOLA
UNIVERSITY
CHICAGO

Preparing people to lead extraordinary lives

Office of the Bursar Employer Reimbursement SCPS/RN-BSN Programs Deferred Tuition Agreement

2026-2027 TO BE COMPLETED BY STUDENT: Please check the appropriate term. **Early & Late forms are not accepted. Please submit a new form each semester**

Check ONLY one Term per Application	Term	Enrollment Period Begins	Enrollment Period Ends	Payment Due
☐	Fall	07/01/2026	09/03/2026	01/05/2027
☐	Spring	01/06/2027	01/21/2027	06/05/2027
☐	Summer	05/01/2027	05/26/2027	09/05/2027

I agree to all of the terms and conditions set forth in this agreement (listed below) and I am aware that if my employer does not pay by the Payment Due date, I am liable to pay the balance owed in full at that time. The application is void if required sections are not initialed.

Under the terms of this deferred tuition agreement:

- I have paid in full all non-deferred balances from prior terms. **Initial here: __**
- I agree I can only borrow loans to cover the amount my employer does not pay. **Initial here: __**
- I agree to pay my tuition account in full no later than the Payment due date even if I have not completed my course(s), or reimbursement has not been issued by my employer. **Initial here: __**
- I understand this deferment covers only that percentage of the tuition and fees that is being paid by my employer. All other charges are due at the time of application. **Initial here: __**
- I understand that if my account is not paid when due: **Initial here: __**
 - A late payment fee of 1.5% may be assessed monthly on the past due balance.
 - I will be unable to receive University services and register for future terms.
 - My account may be referred to collections, reported to a credit bureau, and charged with collection costs.
 - I will be ineligible to participate in the ERP plan for future terms.

Enclosed is my \$120 non-refundable application fee (cash or check only) and payment in full for any non-deferred charges for the term indicated. All applications will be denied if incomplete, received without appropriate payment or after the deadline.

Student Signature _____ Date _____

Student Name _____ Student ID Number _____
(Please print)

Permanent Address _____
Street City State Zip

Telephone Number _____ Loyola E-mail _____

USE ACCOUNT SUMMARY TO FILL THESE AMOUNTS:

Amount of Tuition This Term _____ Amount of Fees This Term _____ Total Amount This Term: _____

Total Amount of Tuition & Fees **That Employer Will Pay** _____

Are you receiving any tuition discounts? ☐ Scholarships/Grants ☐ N/A

Bills and grades are issued to the student only. It is the responsibility of the student to provide any required documentation to their employer. The University does not accept responsibility for delays in the U.S. Postal System. Please return application to the Office of the Bursar at either address listed on page 1.

TO BE COMPLETED BY EMPLOYER:

I hereby certify that (employee name) _____ is employed at

Business Name Address City State Zip

and is eligible to participate in the employee tuition reimbursement program.

Maximum dollar amount or percentage paid for **this term** under the reimbursement plan _____

Terms and conditions of repayment _____

Name of Business Representative _____ Title _____

Signature _____ Date _____ Telephone Number _____

Random audits may be conducted by the University to verify the employment information you have provided.

Return a copy of your employer's reimbursement plan, fees, and application to one of the following locations by the specified deadline.

Office Use Only: Approved By: _____ Date: _____

Tuition: _____ Fees: _____ Amount Deferred: _____ Term: _____ Defer Due Date: _____