



**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 Graduate Business Student,

Thank you for your interest in the Loyola University Chicago Employer Reimbursement Plan (ERP) for Graduate Business students. There are separate applications for Semester students and Quarter students.

The Employer Reimbursement Plan allows Graduate students who are eligible for tuition reimbursement to defer payment of those tuition and fees covered under their employer agreement. The application fee is **\$110.00 per quarter**. You must re-apply each quarter and pay the application fee each quarter 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 \$110.00 application fee, will be due with the application.

The only exception to prepaying non-deferred tuition and fees at the time of application would be for students who borrow funds. **HOWEVER, note that to be eligible for an ERP, students may only borrow loans up to the amount the employer does not pay.** Loans are posted directly to the student account to cover the non-deferred cost first. Therefore, the amount of the loan should not exceed the non-deferred tuition and fees. For example, if your employer pays 80% of tuition, the loans should only cover 20% which is the amount your employer does not pay.

Deferrals are based on the following schedule: **Late forms are not accepted.**

	Term	Enrollment Period Begins	Enrollment Period Ends	Payment Due	
	Fall	07/01/2018	08/30/2018	12/05/2018	
	Winter	10/20/2018	11/13/2018	03/05/2019	
	Spring	02/02/2019	02/26/2019	06/05/2019	
	Summer	05/01/2019	05/23/2019	09/05/2019	

To apply for ERP, please submit:

- The completed Deferred Tuition Agreement form
- A copy of your employer's reimbursement plan
- The \$110 application fee – cash or check only
- Cash or check for any non-deferred tuition and fees

By mail or dropped off at one of the following Office of the Bursar locations:

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

*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  
 773-508-7141

**Office of the Bursar  
Employer Reimbursement Plan- Graduate Business  
Deferred Tuition Agreement**

**2018-2019 TO BE COMPLETED BY STUDENT:** Please check the appropriate term. **Late forms are not accepted. Please submit a new form each quarter.**

Check ONLY one Quarter per Application	Quarter	Enrollment Period Begins	Enrollment Period Ends	Payment Due
<input type="checkbox"/>	Fall	07/01/2018	08/30/2018	12/05/2018
<input type="checkbox"/>	Winter	10/20/2018	11/13/2018	03/05/2019
<input type="checkbox"/>	Spring	02/02/2019	02/26/2019	06/05/2019
<input type="checkbox"/>	Summer	05/01/2019	05/23/2019	09/05/2019

**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:

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

**Enclosed is my \$110 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 \_\_\_\_\_

Business Number \_\_\_\_\_ Business E-mail \_\_\_\_\_

Total Balance for This Term \_\_\_\_\_ Total Balance Employer Will Pay \_\_\_\_\_ Total Anticipated in Loans \_\_\_\_\_

Are you receiving any tuition discounts? Please mark one:  Matching Grants  Corporate Partners  EdAssist  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 below.**

**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.**

Loyola University Chicago  
Office of the Bursar  
Sullivan Center 190  
1032 W. Sheridan Rd.  
Chicago, IL 60660  
Telephone: (773) 508-7705

Loyola University Chicago  
Office of the Bursar  
Lobby, Student Services Center  
25 E. Pearson  
Chicago, IL 60611  
Email: bursar@luc.edu

**OFFICE USE ONLY:**

Date: \_\_\_\_\_ Term: \_\_\_\_\_

Tuition: \_\_\_\_\_ Fees: \_\_\_\_\_

Amount Deferred: \_\_\_\_\_ FEP: \_\_\_\_\_

Approved By: \_\_\_\_\_