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.**

<table>
<thead>
<tr>
<th>Term</th>
<th>Enrollment Period Begins</th>
<th>Enrollment Period Ends</th>
<th>Payment Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>07/01/2023</td>
<td>09/03/2023</td>
<td>01/05/2024</td>
</tr>
<tr>
<td>Spring</td>
<td>01/06/2024</td>
<td>01/21/2024</td>
<td>06/05/2024</td>
</tr>
<tr>
<td>Summer</td>
<td>05/01/2024</td>
<td>05/26/2024</td>
<td>09/05/2024</td>
</tr>
</tbody>
</table>

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
## Employer Reimbursement SCPS/RN-BSN Programs

### Deferred Tuition Agreement

**2023-2024 TO BE COMPLETED BY STUDENT:** Please check the appropriate term. Early & Late forms are not accepted. Please submit a new form each semester.

<table>
<thead>
<tr>
<th>Check ONLY one Term per Application</th>
<th>Term</th>
<th>Enrollment Period Begins</th>
<th>Enrollment Period Ends</th>
<th>Payment Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall</td>
<td>07/01/2023</td>
<td>09/03/2023</td>
<td>01/05/2024</td>
</tr>
<tr>
<td></td>
<td>Spring</td>
<td>01/06/2024</td>
<td>01/21/2024</td>
<td>06/05/2024</td>
</tr>
<tr>
<td></td>
<td>Summer</td>
<td>05/01/2024</td>
<td>05/26/2024</td>
<td>09/09/2024</td>
</tr>
</tbody>
</table>

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 Payment 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 is being 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:
   a. A late payment fee of 1.5% may be assessed monthly on the past due balance.  
      Initial here: __________
   b. I will be unable to receive University services and register for future terms.  
      Initial here: __________
   c. My account may be referred to collections, reported to a credit bureau, and charged with collection costs.  
      Initial here: __________
   d. I will be ineligible to participate in the ERP plan for future terms.  
      Initial here: __________

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 ________ 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: ___________________________