



**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 **\$110.00 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 \$110.00 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	07/01/2019	09/03/2019	01/05/2020
Spring	01/06/2020	01/21/2020	06/05/2020
Summer	05/01/2020	05/26/2020	09/05/2020

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. **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:

*Sullivan Center Suite 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

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

**2019-2020 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
<input type="checkbox"/>	Fall	07/01/2019	09/03/2019	01/05/2020
<input type="checkbox"/>	Spring	01/06/2020	01/21/2020	06/05/2020
<input type="checkbox"/>	Summer	05/01/2020	05/26/2020	09/05/2020

**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: **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 \_\_\_\_\_

**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  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, Suite 190  
1032 W Sheridan Rd.  
Chicago, IL 60660

Loyola University Chicago  
Office of the Bursar  
Lobby, Student Services Center  
25 East Pearson  
Chicago, IL 60611

**Office Use Only:**

Date: \_\_\_\_\_ FEP: \_\_\_\_\_

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

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

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

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