

**North Park University Tuition Deferment Agreement
FOR EMPLOYEES OF NORTHSORE UNIVERSITY HEALTHSYSTEM**

***Return completed form to: North Park University
Student Billing – Box 9
3225 W. Foster Ave
Chicago, IL 60625
Fax: 773.244.5284***

Student Name _____

NPU ID Number _____ Semester _____

I am employed by NorthShore University HealthSystem, where I am eligible for coverage of educational expenses by a tuition reimbursement plan. I have signed below verifying both my employment and program eligibility. North Park University agrees to defer payment of tuition and other costs for this semester until the completion of the course. Payment is due to North Park University no later than two weeks following the issuance of grades.

I agree to the following terms and conditions of this agreement:

1. I am responsible for all tuition and other costs of attendance. In the event that my employer does not reimburse 100% of costs, I am responsible for any balance due.
2. I agree to pay a payment plan fee of \$30 per semester in order to participate in this plan.
3. North Park University will have the right to withhold academic records; including transcripts, certifications, and diplomas until my account is paid in full.
4. I will not be able to register for subsequent semesters until my account is paid in full.
5. In the event of non-payment, North Park University has the right to employ a collection agency or take any other measures deemed appropriate to collect balances owed.
6. Late fees in the amount of 1.5% of outstanding balances will be assessed per month.

STUDENT: PLEASE COMPLETE THIS SECTION

Student Name: _____ Student Phone: _____

Address: _____

NorthShore University HealthSystem Location: _____

Employer Address: _____

% of Costs to be paid by Employer _____% Employer Phone: _____

I certify that I have read, fully understand and agree with the contents of this Agreement.

Signature _____ Date _____

EMPLOYER: PLEASE COMPLETE THIS SECTION

I certify that the above named individual is an employee of NorthShore University HealthSystem and is eligible to participate in its Employee Tuition Reimbursement Program at this time.

Signature _____ Date _____ Phone: _____