

**Employer Reimbursement
Payment Plan Agreement**

3225 West Foster Avenue, Box 9
Chicago, Illinois 60625-4895
www.northpark.edu
(773) 244-5560 Telephone
(773) 634-6560 Fax

Cell Phone _____

Student Name _____ Home Phone _____

Student Address _____

Academic Year _____ Student ID Number _____

I am employed by the employer named below, where I am eligible for coverage by a tuition reimbursement plan for the current academic year. Attached is documentation from my employer verifying my employment and eligibility in their program. I agree to pay my tuition and fees cost, I will make arrangements to pay the remaining portion of my tuition and fees with Student Administrative Services before the first day of class of each term. If I do not receive the full amount stated in my employer reimbursement policy due to any reason, I understand I am responsible for payment-in-full no less than two weeks after the date grades are posted to my transcript. If I do not comply with this agreement, I understand my registration for subsequent terms may be denied.

I also agree to the following additional terms and conditions:

- A. Pay a payment plan fee of \$75 per academic year with the understanding that failure to pay by the extended date will subject my account to additional late fees.
- B. The institution shall have the right to withhold academic records, including transcripts, certifications, and diplomas, and may refuse to accept registration for future terms until this account is paid in full.
- C. In the event of default, the institution shall have the right to employ a collection agency and/or and other legal means to collect this debt.
- D. If there is any circumstances that may prevent me from complying with this agreement, I will promptly inform North Park University, Office of Student Administrative Services at (773) 244-5560.

STUDENT: PLEASE COMPLETE THE BELOW SECTION.

Employer _____ Employer Phone _____

Employer Address _____

My Employer agrees to pay the following percentage: _____%

I certify that I have read, fully understand and agree with the entire contents of this Agreement, and do hereby affix my signature to this fact.

Signature _____ Date _____

*Late fees will be assessed every 30 days at a 1.5% interest rate if payment is not received as scheduled.