



**STUDENT ACCOUNTS OFFICE
EMPLOYER REIMBURSEMENT FORM**

Employee Name: _____

Student ID: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Reimbursement Policy

Company % _____ Employee Percent % _____

Invoice to be mailed to: (Circle One)	Employer	Employee
Registration Fee: \$20.00 (Circle One)	Paid by Employer	Paid by Employee
Technology Fee: \$50.00 (Circle One)	Paid by Employer	Paid by Employee

Signature of Supervisor: _____

Title: _____

At the time of registration, the employee is responsible for his/her portion. Acceptable forms of payment are cash, check, Visa, MasterCard, American Express and Discover or Tuition Management Systems (TMS).

Note: Employer portion is due once grades are received by student. Students wishing to participate in this program must complete paperwork each semester.



STUDENT ACCOUNTS OFFICE
PROMISSORY NOTE FOR EMPLOYER REIMBURSEMENT

Student's Name: _____ Student ID: _____

Address: _____

_____ Semester/Year: _____

Cell Phone: _____ Amount: _____

I _____, promise to pay Elms College tuition fees and other charges incurred as a result of my attendance @ Elms should my employer cancel tuition assistance program.

In the event that my employer and I do not pay any of the amounts due, I also agree to pay Elms College any and all cost incurred to collect this amount including attorney fees, reasonable collection costs and other charges.

Provisions in the event of default:

Default is defined as the failure to remit payment amount(s) due by the date(s).

I understand that:

- a) In the case of default, Elms College has the option without prior notice to the student to demand immediate payment of the entire unpaid balance including interest accrued from the date it was due until it is paid in full up to the maximum legal rate.
b) If I default on my payment(s) I may jeopardize current and future registrations and the receipt of grade reports, transcripts and diplomas to which I may be entitled.
c) If I default on my payment(s) Elms College may disclose that I have defaulted along with other relevant information to credit reporting agencies.
d) If I default Elms College may refer this amount to a collection agency or litigate to secure payment and as noted above. I will be responsible to pay all attorney fees reasonable collection costs and other charges incurred by Elms College in the process of collecting my balance.
e) All payment(s) to be made on this promissory note will be made in lawful currency of the United States without set-off or counterclaim of any kind and without deduction for any present or future taxes, restrictions or conditions of any kind.
f) This promissory note may be changed only by written agreement signed by Elms College. I consent to the exclusive jurisdiction of the Federal and State courts in the City, County and State of Massachusetts with regard to any dispute under this promissory note which shall be governed by the laws of the State of Massachusetts.

Student Signature: _____ Date: _____

Note: Read this promissory note in full before signing it. Under law Elms College must provide you with a copy of this note.