SALVE REGINA UNIVERSITY
THIRD PARTY TUITION REIMBURSEMENT PLAN

Please check type of third party tuition reimbursement

- ☐ Military * (See document checklist below)
- ☐ Police Department ** (See document checklist below)
- ☐ Other Employee *** (See document checklist below)

Reimbursement Agency Information:

Agency Name: _____

Address: _____

Street City State Zip

Billing Contact: _____

Phone#: _____

Employer's Tuition Reimbursement

I hereby indicate that I am an eligible participant under my employer's tuition reimbursement program. As such, I will receive payment from my employer or my employer will remit payment to Salve Regina University after I complete a course(s) and submit the required documentation to my employer.

I understand that payment of my tuition is my responsibility. If my account has not been paid in full by the designated due date, I do hereby authorize Salve Regina University to charge my credit card on the date designated to satisfy my account in full. By participating in this plan, I agree to the terms of the registration agreement.

_____

Signature

_____

Date