

Semester _____ Office Use Only _____

Student ID # _____

SCHOOL DISTRICT REIMBURSEMENT AGREEMENT

Name _____ School District _____
last first

Address _____
city state zip

Home Phone _____ Cell Phone _____ Daytime Phone _____

100% Reimbursement I agree to pay a \$100 down payment (per term) toward my tuition bill.

Partial Reimbursement I agree to pay all tuition and fees not covered by my school district when the tuition bill is due.

The balance of my tuition will be paid in full within 45 days from the last day of the semester or I will be liable for a \$50.00 late fee. School District reimbursement or grade delays will have no effect on the payment due date. It is understood that I will be reimbursed directly by my school district and I will be responsible for payment of the tuition balance to Gannon University. It is understood that if I withdraw from a course, I am responsible for the full amount of tuition and fees charged (not just down payment) in accordance with the published refund policy. Also, it is understood that this application constitutes a legal and binding agreement and I will be liable for all reasonable collection costs, including attorney fees and other charges necessary for the collection of any amount not paid when due.

I further understand a reminder notification will only be sent to my Gannon Email.

Student Signature Date

School District Representative: Please fill out the information requested below. This contract is between Gannon and the student, not with Gannon and the school district. If filled out completely, it allows the student to only pay a portion of their tuition bill up front, with the balance due within 45 days after the semester ends.

_____ will reimburse the above named student at the rate

of \$ _____ per credit -or- _____ % of the tuition, with a minimum grade of _____.

It is understood that the employee will be reimbursed directly, and that the employee is responsible for payment of the tuition balance to Gannon University.
