



COMPANY SPONSORED DEFERMENT PLAN
TUITION/FEE PAYMENT PLAN

PROCEDURE

- 1. Student should complete Deferment Plan form below.
2. Have the Personnel Officer or other appropriate company officer sign the completed form verifying that the student qualifies for the company tuition/fees reimbursement plan.
3. Return this Deferment Plan to Northwest State Community College by posted payment schedule date and before the first week of semester to avoid \$50.00 late fee.

Student Name \_\_\_\_\_ Student I.D. #N \_\_\_\_\_

Student Address \_\_\_\_\_

Check one semester: \_\_\_\_\_ Summer 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

List of course(s) covered: \_\_\_\_\_
Course# or CRN# \_\_\_\_\_

Billing Method:

- \_\_\_\_\_ Bill Student - end of semester
\_\_\_\_\_ Bill Company - end of semester

I understand that I am responsible for payment directly to NSCC and, if I fail to meet the payment deadline, I will be charged a \$50.00 late fee. Fees are due 30 days after the end of the semester. I understand that if for any reason my employer fails to reimburse NSCC, I am responsible for any outstanding monetary obligation. I further agree to pay all collection costs up to (40%) and expenses, including reasonable attorney's fees incurred by you in such collections or attempting to collect such account.

I authorize the Business Office of Northwest State Community College to discuss confidential student account information with my employer as indicated below for the purposes of understanding and meeting College related financial obligations with the college. I understand that they will have access via telephone, in person, or by US and electronic mail to information that may include the following:

- My student ID#, schedule and grades.
My financial aid and scholarship records, including processing, eligibility status, award types and amounts.
My student account & statements including any refund amounts I may have received or unpaid bills owed to the college.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Signature: \_\_\_\_\_