



## Employer Reimbursement Form

### PAYMENT AGREEMENT

I am employed by \_\_\_\_\_, where I am eligible for coverage by tuition reimbursement plan. **Attached is a letter from my employer verifying my employment and eligibility in my employer's tuition reimbursement program. This letter specifies what portion of my tuition and fees my employer will cover.** I, therefore, request a payment date extension for my Fall/Spring/Summer semester \_\_\_\_\_ (year). Any tuition not covered by the employer's tuition reimbursement plan is due ten days prior to the beginning of the semester. **This form will not be accepted after the second week of classes.**

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Please return this form along with  
**a current letter from your employer to:**

Southern Vermont College  
Student Accounts Office  
982 Mansion Drive  
Bennington, VT 05201

<b>For Student Accounts Office use only:</b> _____ Approved
Denied Date Received: _____
By: _____ By: _____ Amt
(Initials)