APPLICATION FOR EMPLOYER REIMBURSEMENT PAYMENT OPTION



All students using the Employer Reimbursement payment option must submit this application prior to the beginning of each term along with an application fee of \$50.00 for the first class, \$40.00 for the second class and \$30.00 for the third and any additional class. The fee is refundable only if you drop prior to the end of the 1st week of the term or your application is denied due to incomplete information. Upon receipt of this document, Lakeland University will allow payment in full of semester charges 45 days after the end of the term. No additional fees will be charged during the term. If the balance is not paid by the due date, you will be considered in default and all existing balances and subsequent plans become immediately due and payable. Lakeland University reserves the right to administratively withdraw any student with a defaulted balance. The student is responsible for payment of the tuition charges regardless of employer circumstances. It is the student's responsibility to understand the employer's policy and guidelines for tuition expenses and reimbursement.

STUDENT SECTION			
Name:		Student ID:	
Address:			
City:	State:	Zip:	
Email:	Phone:		
Term Requesting Employer Reimbursement Benefits (one term o	nly):		
Number Of Classes Enrolled For Term:			
PAYMENT SE	ECTION		
Fees: 1 class = \$50 2 classes = \$90 3 classes = \$120			
Pay Online (my.lakeland.edu)			
Check Enclosed			
Debit/Credit Card: Please call the Student Accounts Office at 920-565-1000 ext. 23	78 or Business Office at	920-565-1000 ext. 2223	
EMPLOYER S	ECTION		
Name:			
Title:			
Email:	Phone:		
Company:			
Address:			
City:	State:	Zip:	
Authorized Signature:		Date:	
LAKELAND UNIVERSITY SECTION (OFFICE USE ONLY)			
Date Received:	Fee Enclosed:		
Processed By:	Date Processed:		

Please email this form to studentaccounts@lakeland.edu, fax this form to 920-565-1060 or mail to: