

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 only): _____

Number Of Classes Enrolled For Term: _____

Student Signature: _____ Date: _____

PAYMENT SECTION

Fees: 1 class = \$50 | 2 classes = \$90 | 3 classes = \$120

Pay Online (my.lakeland.edu → student → student accounts → go to cashnet → click here to make payment)

Check Enclosed

Debit/Credit Card:

Please call the Business Office at 920-565-1000 ext. 2223

EMPLOYER SECTION

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 EmployerReimbursement@lakeland.edu, fax this form to 920-565-1070 or
mail to: Lakeland University | Attn: Business Office | W3718 South Drive | Plymouth, WI 53073