

Employer Tuition Assistance or Reimbursement Amount

Student Name (please print)

CSUID

**Complete and return this form to the Office of Financial Aid
even if you will not be receiving employer tuition assistance or reimbursement.**

If you will be receiving tuition assistance or reimbursement from your employer for your education during the 2019-2020 academic year, complete the statement below, including the dollar amount of the assistance or reimbursement, and provide the appropriate signatures. Attach a memo of explanation, if necessary.

EMPLOYER:



The student listed above will be receiving tuition assistance or reimbursement from our company for his/her educational costs for the 2018-2019 academic year.

Fall 2019	Spring 2020	Summer 2020
\$ _____	\$ _____	\$ _____

Employer Signature

Date

Name of Company

Phone Number

Employee Signature

Date



I will be receiving Colorado State University Employee Study Benefits.

If you will not be receiving tuition assistance or reimbursement from your employer OR if you are self-employed or unemployed, complete the appropriate statement below and provide the appropriate signature(s).



I will not be receiving any tuition assistance or reimbursement from my employer for my educational costs for the 2019-2020 academic year.



I verify that I am self-employed unemployed, and therefore, will not be receiving any tuition assistance or reimbursement for my educational costs for the 2019-2020 academic year.

If at any time during the term this situation changes and I will receive tuition assistance, I will notify the Office of Financial Aid.

Student Signature

Date