OFFICE OF FINANCIAL AID
DIVISION OF ENROLLMENT AND ACCESS
Centennial Hall
1065 Campus Delivery
Fort Collins, Colorado 80523-1065
(970) 491-6321 (970) 491-5010 FAX
www.financialaid.colostate.edu



## **Employer Tuition Assistance or Reimbursement Amount**

	Student Name (plea	se nrint)	CSUID
	Complete and re	eturn this form to the Office of the control of the	of Financial Aid
the 2021-2		the statement below, including	rour employer for your education during g the dollar amount of the assistance or 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 2021-2022 academic year.		
	Fall 2021	Spring 2022	Summer 2022
	\$	<u> </u>	\$
Employer Si	gnature		Date
Name of Co	mpany		Phone Number
Employee S	ignature		Date
	I will be receiving Colorado Sta	ate University Employee Study B	enefits.
			m your employer OR if you are self- ad provide the appropriate signature(s).
	I will not be receiving any tuition costs for the 2021-2022 acad		rom my employer for my educational
		yed □ unemployed, and therefore for my educational costs for the 2	
If at any ti Financial <i>i</i>		n changes and I will receive tui	tion assistance, I will notify the Office of
Student Sigr	nature		 