

## 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 2018-2019 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 2018	Spring 2019	Summer 2019
\$ _____	\$ _____	\$ _____

\_\_\_\_\_  
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 2018-2019 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 2018-2019 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