

Employer Tuition Assistance or Reimbursement Amount

Student Name (please print)

CSUID

**Complete and return this form to Student Financial Services
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 2016-2017 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 2016-2017 academic year.

Fall 2016

Spring 2017

Summer 2017

\$ _____ \$ _____ \$ _____

Employer Signature

Date

Name of Company

Phone Number

Employee Signature

Date

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 2016-2017 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 2016-2017 academic year.

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

Student Signature

Date