

## DEFERRED PAYMENT PLAN

Students whose educational expenses incurred in college programs, that are paid by their employer, may be eligible for the Deferred Payment Plan upon submission of this completed form and an official document from their employer signed by the tuition reimbursement plan administrator. A \$150.00 non-refundable deferred payment fee will be assessed for each requested term for those students who are reimbursed directly by their employer. The fee is waived for those students whose employer pays the University directly. The student should return the completed form and accompanying employment documentation on company letterhead to the Cashier/Business Office (CBO) by the end of the second week of the term or session. If the student does not submit this form with employment verification by the beginning of the third week of each term, the request will not be accepted and the student will be required to follow the regular payment due dates of the term.

For those students who are reimbursed directly, the letter should include the following:

- Eligibility of the employee for tuition reimbursement benefits
- The conditions under which the employer will disburse tuition benefits (amount or percentage of benefits the employee will receive for the requested term/session and grade required for disbursement of benefits)

For those students whose employer pays the University directly for their educational expenses the letter should also include the following:

- The procedure for billing your employer
- The timeframe and method of payment by your employer to the University (payment must be received within 45 days of the University's invoice to your employer.)

The deferred amount will represent the difference between tuition and fees and awarded financial aid and/or any other anticipated payment. Any deferred amount will be due four weeks after the last day of the class for the term or session. Any amount not covered by financial aid, employer reimbursement or any other anticipated payment is the student's responsibility and you should follow the payment due dates of the term. Any amount at or below \$200.00 will not be deferred. Please contact CBO directly at [cbo@barry.edu](mailto:cbo@barry.edu) with additional questions or visit the website at [www.barry.edu/cbo](http://www.barry.edu/cbo).

### ***Tuition Deferment Does Not Apply To Students Registered in BarryU Online Programs***

#### **To Be Completed by Student Requesting Tuition Deferment**

|                                |                                      |                                  |
|--------------------------------|--------------------------------------|----------------------------------|
| <b>Student Name:</b> _____     | <b>Student ID #</b> _____            |                                  |
| <b>Student Address:</b> _____  |                                      |                                  |
| <b>Phone:</b> _____            | <b>Requested term/session:</b> _____ | <b>Location You Attend</b> _____ |
| <b>Employer Name:</b> _____    | <b>Employer Phone:</b> _____         |                                  |
| <b>Employer Contact:</b> _____ | <b>Title:</b> _____                  |                                  |

**BY EXECUTING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE TERMS OF THE DEFERRED PAYMENT PLAN AS WELL AS THE TERMS AND CONDITIONS OF REGISTRATION. I UNDERSTAND THAT IF I DEFAULT ON MY DEFERRED PAYMENT PLAN, THE ENTIRE BALANCE WILL BECOME IMMEDIATELY DUE AND I WILL NOT BE ABLE TO PARTICIPATE IN THE DEFERRED PAYMENT PLAN IN FUTURE TERMS. ADDITIONALLY, I AGREE THAT REGARDLESS OF MY CORPORATE REIMBURSEMENT POLICIES, I AM RESPONSIBLE FOR MY PAYMENT ON THE DAY IT IS DUE. I AUTHORIZE BARRY UNIVERSITY TO CONTACT MY EMPLOYER IF NECESSARY. I FURTHER UNDERSTAND I WILL NOT RECEIVE TRANSCRIPTS AND/OR DIPLOMA UNTIL ALL OBLIGATIONS OF THIS PLAN HAVE BEEN MET AND BARRY UNIVERSITY RESERVES THE RIGHT TO DENY ANY STUDENT THE PRIVILEGE OF PARTICIPATING IN THE DEFERRED PAYMENT PLAN AT ANY TIME.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CBO use only**  
Initials: \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Verified PA: \_\_\_\_\_ Date entered: \_\_\_\_\_