

**QUINNIPIAC UNIVERSITY  
EMPLOYER TUITION BENEFIT PROMISSORY NOTE  
THIS IS A LEGAL DOCUMENT: PLEASE READ CAREFULLY BEFORE SIGNING**

Name \_\_\_\_\_

Address, City, State, Zip Code \_\_\_\_\_

This note is given to the University as evidence of my indebtedness for tuition and fees and in consideration of the permission extended to me by Quinnipiac University to make settlement in accordance with the terms of my employer's educational policy, as verified in my company's letter of verification and authorization, (Name of Employer) \_\_\_\_\_ (tuition and fees) \_\_\_\_\_ for the \_\_\_\_\_ term, 20\_\_\_\_\_.

**Please check the appropriate payment option that corresponds to your employer reimbursement policy.**

**Payment Option A** MY EMPLOYER PAYS TUITION UPON RECEIPT OF MY FINAL GRADES AT THE END OF EACH TERM.

**NOTE: Payment Option A is only available for enrollment until the end of the day on the second Friday after the start of classes.**

**In consideration for this extended payment plan, I agree to pay a \$25 deferment charge upon registration and the balance due on my account five weeks after the last day of classes.** I will submit my official grade(s) promptly to my employer in order to facilitate the invoicing and reimbursement process. **Regardless of the amount of tuition reimbursement I received from my employer, I acknowledge that I am responsible for full payment.** It is also understood and agreed that the discontinuance of my attendance at any or all of the class meetings of the course for which I have enrolled before the end of the period specified does not release me nor reduce my financial indebtedness to the University. In addition, **if I default on this Note**, I agree to pay all costs, expenses and reasonable attorneys' fees incurred in any action to collect the balance due.

1/3 Tuition on Invoice	\$ _____	<b>Balance Per Invoice</b>	\$ _____
Deferment Fee	+ \$ 25.00	Deferment Fee	+ \$ 25.00
Registration Fee	+ \$ _____	Paid at Registration	- \$ _____
Student Fee	+ \$ _____		
Course Fee	+ \$ _____		
<b>Total Due at Registration</b>	<b>= \$ _____</b>	<b>Total Due</b>	<b>= \$ _____</b>

**If I do not make the full payment by the date specified, I will be assessed a 1% late fee per month on the unpaid balance plus a late payment penalty of \$50 per month until the balance is paid in full. The University also reserves the right to deny the use of this benefit plan should I fail at any time to comply with its terms and conditions.**

**Payment Option B** MY EMPLOYER PAYS TUITION IMMEDIATELY UPON RECEIPT OF INVOICE AT THE BEGINNING OF EACH TERM AND IS NOT CONTINGENT ON THE GRADE I EARN.

**If upon receipt of an invoice my employer does not remit payment to Quinnipiac University of the amount due FOR ANY REASON**, I will be responsible for full payment. It is also understood and agreed that the discontinuance of my attendance at any or all of the scheduled class meetings of the course or courses for which I have enrolled before the end of the period specified does not release me nor reduce my financial indebtedness to the University. In addition, **if I default on this Note**, I agree to pay all costs, expenses and reasonable attorneys' fees incurred in any action to collect the balance due.

Signature \_\_\_\_\_

Student Number \_\_\_\_\_

Date \_\_\_\_\_