



EMPLOYER REIMBURSEMENT CERTIFICATION

HOLY NAMES UNIVERSITY, 3500 Mountain Boulevard, Oakland, California 94619
(510) 436-1096 FAX (510) 436-1199

Term _____ Program _____

Name _____
LAST FIRST MIDDLE

Social Security Number - -

Address _____
NUMBER AND STREET

CITY STATE ZIP COUNTRY (IF NOT U.S.)

Daytime Phone () _____ Evening Phone () _____

E-mail _____

EMPLOYER INFORMATION

Company Name _____ Grades sent to your employer? Yes No

Address _____
NUMBER AND STREET

CITY STATE ZIP

TERMS OF TUITION ASSISTANCE

Method of Payment Directly to the University Directly to me

Time of Payment At the start of term At the end of term After grades are received by my employer

other _____

Amount \$ _____

EMPLOYER CERTIFICATION

This employee is eligible for our Company's Tuition Assistance Program as stated above and will be reimbursed for tuition except as noted below:

Corporate Officer authorizing Tuition Assistance

Name _____ Position _____ Phone () _____

Signature _____ Date _____

STUDENT CERTIFICATION

If my employer fails to provide me with the tuition assistance as stated above, I promise to pay the unpaid balance within five weeks after grades are issued. If the final payment is not paid as agreed, the University reserves the right to charge interest on the outstanding balance. I will be held responsible for attorney's fees and costs for the collection of any amount not paid. Until my account is paid in full, I will be unable to enroll for the next term and/or access my transcript.

I have read and agree with the terms of this promissory note.

Student Signature _____ Date _____