



HOLY NAMES
UNIVERSITY
Since 1868

EMPLOYER REIMBURSEMENT CERTIFICATION

HOLY NAMES UNIVERSITY, 3500 Mountain Blvd, Oakland, CA 94619

Phone (510) 436-1096 FAX (510) 436-1199 Email studentaccountsoffice@hnu.edu

Academic Term & Year _____ Program _____

Name _____

LAST

FIRST

MI

Social Security Number (last 4 digits) _____ HNU Student ID _____

Address _____

NUMBER AND STREET

CITY

STATE

ZIP

Daytime Phone () _____ Evening Phone () _____

HNU E-mail _____

EMPLOYER INFORMATION

Company Name _____ Grades required by your employer? Yes No

Address _____

NUMBER AND STREET

CITY

STATE

ZIP

TERMS OF TUITION ASSISTANCE

Method of Payment Directly to the University Directly to the student

Time of Payment At the start of term At the end of term After grades are provided to student

other _____

Amount: _____ Time Period Start date _____ End Date _____

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 _____ Title _____ 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 collection costs of any unpaid amount. I will be unable to enroll for the next term and/or access my transcript until my account is paid in full. I have read and agree with the terms of this promissory note.

Student Signature

Date