

**HANNIBAL-LAGRANGE UNIVERSITY**  
**EMPLOYER TUITION ASSISTANCE PLAN (ETAP)**

This is my application for the Employer Tuition Assistance Plan (ETAP) for the term \_\_\_\_Fall 2016\_\_\_\_\_. My application is due one week prior to the first day of class and my ETAP balance must be paid in full by \_\_\_\_3/14/17\_\_\_\_\_.

**PURPOSE**

This ETAP was devised by the University to assist students with their educational goals. The University will NOT hold the employer liable for fees incurred by the undersigned student. The student will be responsible for meeting the reimbursement policy set forth by the employer.

►Enclosed is my \$50 non-refundable application fee, a copy of my company's policy, if not already on file in the Student Accounts Office, and payment in full for any non-reimbursable charges for the term indicated.

**To be completed by student**

Student Name _____		Student ID Number _____	
Permanent Address _____			
Street _____		City _____	State _____ Zip _____
Telephone Number _____		E-mail address _____	

**To be completed by employer**

By signing this document, the employer is notifying HLGU that a reimbursement plan is available to the above employee. Upon completion of the course, the STUDENT is responsible for making payment to the University. AT NO TIME IS THE EMPLOYER RESPONSIBLE FOR PAYMENT TO THE UNIVERSITY.			
I hereby certify that (employer name) _____ is employed at			
Business Name _____			
Business Address _____			
Street _____		City _____	State _____ Zip _____
and is eligible to participate in the employee reimbursement program. The maximum dollar amount or percentage paid for _____ term under the			
reimbursement plan is \$_____or _____% for <input type="checkbox"/> all fees, <input type="checkbox"/> all mandatory course fees.			
Name of Business Representative _____			
Title _____		Business E-mail _____	
Signature _____		Date _____	Telephone Number _____

**Terms and Conditions**

1. All prior terms must be paid in full.
2. I agree to pay my student account in full no later than the deferred due date of \_\_\_\_3/14/17\_\_\_\_\_ whether or not I have completed the work for my course(s), and **whether or not reimbursement has been issued to me by my employer.**
3. Extending the payment due date is **not negotiable**. ETAP is an **extended** payment plan.
4. I understand this deferment covers only that percentage of course fees that are being paid for by my employer, and that all other charges are due at the time of application.
5. I will be allowed to register for the next semester as long as my account is not delinquent and all non-ETAP fees are paid in full.
6. I understand that if my student account is not paid on or before \_\_\_\_3/14/17\_\_\_\_\_ it will be delinquent and:
  - a) A late processing fee of \$100.00 will be assessed.
  - b) Finance charges and/or late payment fees may begin to accrue.
  - c) I will be unable to register for future terms or receive transcripts or diplomas until balance is clear.
  - d) My account may be referred for collection, reported to a credit bureau and I will be charged the collection costs, which may add up to 50% of the unpaid balance to my account.
  - e) I will be withdrawn from the semester I am currently attending and will be prevented from registering for future courses until my account is paid in full.
  - f) I may not be eligible to participate in the ETAP for future terms.
7. I understand that if I do not meet the requirements for reimbursement from my employer, withdraw from any course or from the university or if I am no longer eligible for reimbursement that:
  - a) I will be subject to the fee reassessment schedule set forth in the HLGU catalog.
  - b) My liability is not waived.
  - c) I am responsible for payment of all fees immediately.
  - d) I agree to be held personally liable in the event that my company fails to reimburse me for any part of or the full amount of these charges.
8. I understand that I will be responsible for securing grades and for submitting them to my company in a timely manner.
9. I release my rights under the Family Educational Rights & Privacy Act (Buckley Amendment) and agree to allow HLGU to release my financial information or to contact my employer.
10. If I receive loans or credits of any kind during my ETAP agreement, these will be used to pay my student account. If such credits create a refund due on my student account, this portion will be refunded to me. (ETAP amounts are not credited to student accounts until payment is actually received.)
11. A new agreement must be submitted each semester.
12. This agreement is not valid until approved by the Student Accounts Office.

**By signing, I agree to all of the terms and conditions set forth in this agreement and state that I am fully responsible for making payment, not my employer.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Date Rec'd \_\_\_\_\_ Approved by \_\_\_\_\_