

**TUITION DELAY PLAN WITH EMPLOYER CONTRIBUTION**

To be eligible for the TUITION DELAY PLAN WITH EMPLOYER CONTRIBUTION the following steps must be completed:

- 1. Registration for the entire semester course load must be completed one week prior to the first course.
- 2. Any tuition amount not covered by employer contribution must be paid at the time of registration.
- 3. Any prior tuition balance must be paid in full before future registrations are allowed.
- 4. Tuition payment is the students' responsibility. Payment must be made within (2) two weeks after grades are received.  
**Student payments can be made at [www.elion.psu.edu](http://www.elion.psu.edu) by echeck or credit card. Checks can be sent to the Financial Office at the Wilkes-Barre Campus. Please return remittance slip attached below when mailing in payment.**
- 5. Student is responsible for any tuition charge due to drop and/or withdrawal from class(es). No refunds or tuition forgiveness will be issued unless an official withdrawal is processed through the Registrar's office prior to the 1<sup>st</sup> day of class. Tuition refund the 1<sup>st</sup> day and after will be prorated.

**TO BE COMPLETED BY STUDENT/EMPLOYEE**

Please defer tuition charges for the \_\_\_\_\_, 20\_\_\_\_ semester. These charges will be paid through my Employer Tuition Contribution Plan. I agree to all policies and procedures set forth by Penn State University as outlined in the Student Handbook/Catalogue.

# of credits \_\_\_\_\_ @ \$ \_\_\_\_\_ /credit                         \$ \_\_\_\_\_  
   \$ \_\_\_\_\_ Info Tech Fee  
   \$ \_\_\_\_\_ Total

NAME \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

I hereby certify that the above named student/employee is employed by our firm and is entitled to tuition benefits in the amount of \$\_\_\_\_\_. These benefits cover the \_\_\_\_\_,20\_\_\_\_ semester. Payment will be made on or about\_\_\_\_\_.

EMPLOYER/COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_

**Remittance Slip  
 To Be Submitted With Payment**

Name \_\_\_\_\_  
 PSU ID# \_\_\_\_\_  
 Course Title: \_\_\_\_\_  
 Date Course Was Completed: \_\_\_\_\_