



CASHIER'S OFFICE  
DALLAS BAPTIST UNIVERSITY

# Employer Paid Reimbursement Agreement

## Instructions

- 1) Print a copy of this form and complete the Student section. This must be done each semester.
- 2) Have Employer complete and sign the Employer section (signature required).
- 3) Submit this form to the Cashier's Office via e-mail at [employer@dbu.edu](mailto:employer@dbu.edu) or via fax at (214) 333-5578.

## To Be Completed By STUDENT

Any student whose employer reimburses less than 100% of the student's charges must either immediately pay the remaining non-reimbursed portion of the student's charges or complete a payment plan for the remaining portion of the student's charges. The student must pay the employer's portion of the reimbursed charge in full if the employer's portion is not received within 45 days from the date of the last class meeting. Students who participate in the Employer Paid Reimbursement Agreement and fail to attend, drop, or withdraw from courses are liable for the full amount owed in accordance with Dallas Baptist University's Financial Responsibility Agreement.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Reimbursement Amount: \$ \_\_\_\_\_

Semester: \_\_\_\_\_

\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form, I authorize Dallas Baptist University to release my grades, transcripts, and any financial information concerning my account to my employer in response to a request from my employer.

**Note:** All fields of this form must be completed for agreement to be accepted. **Graduating Students:** Please note that your account balance must be cleared before you can participate in the graduation ceremony or receive your diploma and transcripts.

## To Be Completed By EMPLOYER

Please sign this form in order for the above listed student to participate in the employer paid reimbursement program at DBU. Please attach any supporting documentation of eligibility to this form.

I confirm that (Student Name) \_\_\_\_\_ is eligible to receive reimbursement in the amount of

\$ \_\_\_\_\_ directly from (Company)\* \_\_\_\_\_ based on our employment guidelines.

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

\*Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form, I certify that I am authorized by the employer to approve this tuition benefit and that any exceptions to the benefits offered by the employer have been previously disclosed to the employee.