

Lakeland College Application for Employer Reimbursement Payment Option

All students using the Employer Reimbursement payment option must submit this application prior to the beginning of each term along with an application fee of \$50.00 for the first class, \$40.00 for the second class and \$30.00 for the third and any additional class. The fee is refundable only if you drop prior to the end of the 1st week of the term or your application is denied due to incomplete information. Upon receipt of this document Lakeland College will allow payment in full of semester charges 45 days after the end of the term. No additional fees will be charged during the term. If the balance is not paid by the due date, you will be considered in default and all existing balances and subsequent plans become immediately due and payable. Lakeland College reserves the right to administratively withdraw any student with a defaulted balance. This form must be submitted along with the Lakeland College Agreement and Disclosure Statement.

Student Signature _____ Date _____

Student Section

Name _____ Student ID# _____
Street _____
City _____ State _____ Zip _____
Home phone _____ Name of Employer _____
Cell Phone _____ Employer street _____
Work Phone _____ Employer City, State, Zip _____
Email address _____
Term requesting Employer Reimbursement Benefits (One term only) _____
Number of classes enrolled for term _____
Fee for 1 class \$50.00 Fee for 2 classes \$90.00 Fee for 3 classes \$120.00
Check enclosed _____
Credit card (Mastercard, VISA, Discover)
Card Number _____ Security Code _____
Expiration date _____
Card Holder Name _____
Signature _____

Employer Section

I certify that the above referenced individual is employed as indicated and is entitled to tuition reimbursement benefits.

Authorized Signature _____ Date _____
Title: _____
Name of Company _____
Phone Number _____
Please attach copy of your company policy or employee class approval notice.

Lakeland College Section

Date Received: _____ Fee enclosed _____
Processed By: _____ Date Processed _____

Please return form to Lakeland College * PO Box 359 * Sheboygan, WI 53082-0359 * Attn Student Accounts
Fax to 920-565-1520