

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/Debit Card (Mastercard, VISA, Discover, American Express) Please call the Student Accounts Office or Business Office at 800-569-2166 .

- The Student Accounts Office ext. 2378
- Business Office ext. 2223

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 920-565-1070