

# DUTCHESS COMMUNITY COLLEGE

53 PENDELL ROAD • POUGHKEEPSIE, NY 12601-1595

## APPLICATION FOR DCC TUITION REIMBURSEMENT DEFERRED PAYMENT PROGRAM

Students eligible for employer funded tuition reimbursement programs may apply for a deferment of tuition payment by completing and submitting this form to the Student Financial Services Office of Dutchess Community College prior to the start of class(es). Tuition due will be deferred for thirty days after final grades are posted. Deferment of tuition payment is subject to the terms and conditions as established in the employer tuition reimbursement policy and compliance with the DCC policies and procedures for participation in the DCC Tuition Reimbursement Deferred Payment Program.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Student: \_\_\_\_\_ Curriculum: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home

Address: \_\_\_\_\_ Enrollment Status: F/T \_\_\_\_ P/T \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Course(s) to be covered by tuition reimbursement:

Please do not include any fees or expenses not covered by employer tuition reimbursement policy

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

course title	course number	credits	tuition cost
course title	course number	credits	tuition cost
course title	course number	credits	tuition cost
course title	course number	credits	tuition cost
course title	course number	credits	tuition cost

Total Cost \_\_\_\_\_

Have you applied for or are you eligible for financial aid or tuition assistance from any other source? yes  no

If yes please provide details including source and amount below.

\_\_\_\_\_  
\_\_\_\_\_

***The reverse side of this form must be completed by the employee and the employer .***

**To be completed by the employee:**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employee Title: \_\_\_\_\_

I, \_\_\_\_\_, PRINT FULL NAME, understand that I am solely responsible for the amount due to Dutchess Community College. In the event that I do not qualify for the Employer funded tuition reimbursement or my employer fails to pay the amount of tuition as agreed upon in the employer tuition reimbursement policy, I agree to pay the amount due. Dutchess Community College assumes no liability and will not be responsible for invoicing my company for the amount due.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Payment should be made within 30 days of the posting of final grades.**

**To be completed by the employer representative authorized to approve tuition reimbursement eligibility.**

\_\_\_\_\_ is eligible for tuition reimbursement in the amount of \$ \_\_\_\_\_

(EMPLOYEE NAME)

for the courses as listed on the reverse side of this form taken during the \_\_\_\_\_ semester, \_\_\_\_\_  
at Dutchess Community College. (FALL, SPRING, SUMMER) (YEAR)

Authorization by Employer Representative:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_