

**Bryant & Stratton College**  
**Online Education**  
**Employer Reimbursement Promissory Note**

Students may defer payment of the tuition amount that will be reimbursed by an employer until 30 days after the semester ends. To be eligible for deferred payment, the following promissory note and a signed copy of the employer's tuition assistance plan must be submitted to the College before the first class. That portion of tuition not reimbursed by the student's employer (employee portion) must be paid within 30 days of assessment.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student ID No.: \_\_\_\_\_

Term: (circle one): Fall Spring Winter Number of credit hours: \_\_\_\_\_

Total tuition charges \$ \_\_\_\_\_

Employee Portion \$ \_\_\_\_\_ Employer Reimbursement \$ \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Contact Name: \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_

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**PROMISSORY NOTE**

**DEFAULT - ENTIRE BALANCE DUE:** I will be in default if: (a) if each payment isn't made on time; (b) I break any of my promises or fail to comply with any of my obligations under this Financial Obligation Agreement; (c) a bankruptcy proceeding is filed by or against me. If I do default, and the default has continued for more than 30 days, you may, without telling me, declare the entire unpaid balance due at once. You can require me to pay that balance immediately. If I don't pay immediately, I will pay interest at the rate of 1 1/2% per month figured on the unpaid balance.

Because I am being partially or fully reimbursed by my employer for these tuition charges, I hereby authorize financial information to be released to said employer.

**COLLECTION COSTS:** If I default, I will pay all of expenses in enforcing or collecting this Agreement, including reasonable attorneys' fees.

**CANCELLATION:** This Agreement will be cancelled if I die or if I become permanently disabled after the date of this Agreement.

I have received a copy of this Agreement as executed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RETURN TO:**  
Bryant & Stratton College  
Online Education  
200 Redtail  
Orchard Park, New York 14127

Attn: Business Office  
Fax# 716-677-8899

**Bryant & Stratton College**  
**Online Education**  
**Employer Approval form for tuition reimbursement**

Employee/Student: \_\_\_\_\_ Student ID No: \_\_\_\_\_

<u>Course Title</u>	<u>Credits</u>	<u>Tuition Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Approval Person approves the above class(es) for the above student at the employer reimbursement guidelines listed below:

Approval Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approval Person Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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**EMPLOYER REIMBURSEMENT GUIDELINES:**

Grade attainment stipulations: A B C F None

Other stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer percentage of tuition to be paid: \_\_\_\_\_

Reimbursement will be paid to: \_\_\_\_\_ Employee/Student \_\_\_\_\_ Bryant & Stratton College

Payment will be made: \_\_\_ Prior to class \_\_\_ Upon completion of class \_\_\_ Upon receipt of grade report \_\_\_ Other

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Online Education  
200 Redtail  
Orchard Park, New York 14127  
Fax# 716-677-8899  
Phone# 716-677-8800

This form needs to be attached to the Bryant & Stratton College Employer Reimbursement Promissory Note that the student needs to sign before classes begin. This form needs to be signed by the employer for each term of classes. If you have any questions, please feel free to call the Business Office at 716-677-8880 x219 or the Financial Aid Office 716-677-8800 x221.