

Company Tuition Assistance Agreement Student Accounts Office

PART I: TO BE COMPLETED BY STUDENT:

Name: _____ ID: _____
Address: _____ Phone: _____

Terms of Agreement:

- Student has reviewed and accepted the online ***Fee and Enrollment Agreement*** document.
- Student accepts ultimate responsibility for payment of charges on their student account.
- Registration for an additional term while carrying a balance from the prior term is permitted if the balance is no more than the amount the employer has authorized to pay.
- Grades, transcripts, and diploma will not be released until the student's account is paid in full.
- Interest will accrue at the rate of .67% per month and will be the responsibility of the student.
- This form is only valid for one academic year and must be completed annually.

Student Signature: _____ Date: _____

PART II: TO BE COMPLETED BY EMPLOYER:

This document acknowledges that this student is eligible to receive tuition assistance to cover educational expenses for the noted academic year.

Company name and address:

Expected benefit amount per term: Summer \$ _____ Fall \$ _____ Spring \$ _____

The company will send payment: Prior to semester _____ End of semester _____ (pending grades)

Signature of company official: _____ Date: _____

Name of company official: _____ Phone Number: _____

**** Note: Please attach a copy of your company's tuition assistance policy. ****

Return the completed form and documentation by mail to:

Mitchell Hamline School of Law, Student Accounts Office, 875 Summit Avenue, St. Paul, MN 55105, or fax to 651-290-8657.