

## 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.
- 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.