



# Employer Reimbursement Plan Student Agreement

This form is to be used by students using the Employment Reimbursement Plan (ERP). You must complete this form for all class registrations each session/semester. To be eligible for ERP, the student **must submit** documentation verifying his/her employment and eligibility for reimbursement benefits. We require all students to submit this Student Agreement and the Employer Agreement.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ LSSU ID #: \_\_\_\_\_  
 Campus Location: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

### Payment Information for Classes

Course	Section	Start Date	End Date	Tuition	Fees	Deposit Paid (\$50)	Tuition and Fee Balance Due	Payment Due Date**

**\*\*All tuition payments are due within 60 days from the last day of the course\*\***

**Please check:**

**ERP** - I plan to use Employer Reimbursement benefits to pay the tuition/fees for the above classes. This means that I am responsible for the payment on my account and my employer will reimburse me. All bills will be sent to me and it is my responsibility to submit the bill to my employer for reimbursement.

As a student of Lake Superior State University I understand that it is still my responsibility to pay the tuition and fees on my account if my employer fails to pay as promised. I will be permitted to carry a balance forward on my account up to \$3,000 as long as all previous balances that are due have been paid in full and the account is current.

I agree that failure to pay by the stated due date (60 days from the last day of the course) constitutes default of this agreement and that I will be responsible for all collection fees and costs in addition to the tuition and fees. I understand the default may result in loss of future ERP privileges and/or suspension from attending further classes. All services of the University may be withheld until payment is received.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Office Use Only: Employer Agreement Attached: <input type="checkbox"/>	Business Office Representative: _____ Date: _____
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