

Clarkson College Deferral Program



Student Name:
Student ID:
Employer: Nebraska Medicine

I am an employee at Nebraska Medicine, where I qualify for the Tuition Reimbursement program. Therefore, I am requesting approval to defer my tuition and fees for the semester term _____ year _____. **Note:** This form needs to be completed prior to the first day of your course start date.

Under all circumstances, the student is solely responsible for all tuition and fees due. Upon approval for the deferral payment option, Clarkson College will defer payment due dates of tuition and fees 60 days from the end of the class/term. Approval for the deferral program is contingent upon completion of this document.

Annual dollar amount of tuition assistance reimbursement authorized by Nebraska Medicine: \$ _____

I am utilizing Financial Aid at Clarkson College during this term: Y/N _____

By signing this form, I certify that I have read, understand, and agree to the terms and conditions of Clarkson College Deferral Program. I also understand that participation in the Deferral Program is voluntary and will still need to follow Nebraska Medicine's tuition reimbursement guidelines.

_____ STUDENT SIGNATURE	_____ DATE
_____ STUDENT PRINTED NAME	_____ DATE
_____ CLARKSON COLLEGE REPRESENTATIVE SIGNATURE	_____ DATE

If you have any questions, please contact the Student Accounts Department at Clarkson College. **PH** 800.647.5500 **EMAIL** Studentaccountsreps@clarksoncollege.edu