

MORAVIAN UNIVERSITY

2023-2024 EMPLOYER REIMBURSEMENT PAYMENT PLAN (ERPP)

Program Policies & Procedures for Enrollment in the Employer Reimbursement Payment Plan (ERPP)

- The ERPP program is available for Evening/Graduate students who are charged tuition on a course by course basis. **Programs/Courses NOT eligible:** cohort-based programs such as Accelerated Nursing and the Rehab Sciences, as well as non-credit courses registered and paid directly through Canvas.
- ERPP Forms are due no later than the due dates posted below for the 2023-2024 year. This application and form constitutes a promissory note and an acknowledgement that you are personally responsible for payment on all charges assessed to your student account. Even if you are not reimbursed by your employer you are ultimately still responsible for payment to Moravian University.
- **A \$35 ERPP Fee applies for each term and is due with this completed form. Forms submitted without the \$35 ERPP Fee will not be processed and will be returned to the student.** Students may submit their \$35 ERPP fee via check along with this form or may pay their \$35 ERPP fee directly through their AMOS account. Additional information about online account payments can be made at www.moravian.edu/cashnet.
- The Employer Authorization section of this form must be completed in its entirety and is required for processing.
- If your employer certifies a portion of your tuition and fees, that is the amount of tuition and fees we will defer via ERPP. For example, if your employer will pay 85% of tuition and fees, that is the amount of tuition we will defer via ERPP. The remaining 15%, along with the \$35.00 ERPP application fee, would be due with the application.
- All correspondence regarding a student's application for ERPP (approval or denial) will be sent to the student's moravian.edu email account. **Students are required to check their Moravian email account on a regular basis.**
- ERPP Forms, the \$35 Fee and any tuition not reimbursable by your employer (checks made payable to Moravian University) should be sent directly to the following:

Office of Student Accounts
Moravian University
1200 Main Street
Bethlehem, PA 18018
Email: studentaccounts@moravian.edu
Fax: (610) 625-7790



MORAVIAN UNIVERSITY

2023-2024 EMPLOYER REIMBURSEMENT PAYMENT PLAN (ERPP)

Student Name:

Student ID:

Home/Cell Phone:

Terms & Deadlines for 2023-2024 Year

| Select Term (s) | Form Due Date* (No later than) | Final Payment Deadline** (No later than) |
|---|-----------------------------------|---|
| <input type="checkbox"/> Summer 2024 (16 weeks 5/6/24-8/24/24) | April 22, 2024 | September 20, 2024 |
| <input type="checkbox"/> Summer Session 1 2024 (8 weeks 5/6/24-6/29/24) | April 22, 2024 | July 26, 2024 |
| <input type="checkbox"/> Summer Session 2 2024 (8 weeks 7/1/24-8/24/24) | June 17, 2024 | September 20, 2024 |

**Reimbursement forms will NOT be accepted after the Form Due Date listed above, and will be returned to you. The only exception to this due date is if you begin your enrollment after the published due date deadline. In that circumstance this form would be due within 2 weeks of your class registration. This exception applies for your first term of enrollment ONLY.*

***All final payments must be made by or before the posted payment deadline [above] UNLESS the length of the course extends beyond the University's standard published calendar dates. Student accounts with a balance after the due date will be assessed a \$50 late fee and are also subject to a Registration/Official Transcript Hold.*

PROMISSORY NOTE

I acknowledge that I am ultimately responsible for full payment of the balance due for tuition and fees for courses in the above selected term. It is my responsibility to comply with the requirements established by my employer for tuition reimbursement. I promise to pay Moravian University the tuition balance remaining on my account for the selected term listed above. My obligation to pay is **not** contingent upon receiving reimbursement from my employer. I have read and understand the conditions of the payment plan listed on this form.

Student Signature:

Date:

EMPLOYER VERIFICATION

Employer Name:

Employer Address:

Human Resources Contact:

Phone:

Minimum Grade for Reimbursement:

Amount of Tuition Authorized:

Human Resources Signature:

Date: