



Office of the Bursar  
 27 Memorial Drive West  
 Bethlehem, PA 18015-3093  
 (610) 758-3160 Fax (610) 758-3033  
 bursar@lehigh.edu

**GRADUATE STUDENT APPLICATION TO DEFER PAYMENT**  
*Employer Sponsored Tuition Reimbursement*

**Instructions:**

Graduate students who are eligible for employer sponsored tuition reimbursement AND do not have a past due Lehigh University account balance, may elect to defer tuition payments for a fee. **A new application is required for each semester payment you wish to defer.** Payment of the \$50/\$75 application fee is required with each application to initiate the deferment. Summer sessions require only one \$50/\$75 fee. *The Deferred Tuition payment is due on the date listed below.* A check or credit card may be used for the enrollment fee and tuition payment. Please indicate with a (✓) the semester you are electing to defer.

SEMESTER	APPLICATION DUE DATE	FEE for APPLICATION by DUE DATE	FEE for APPLICATION after DUE DATE	TUITION PAYMENT DUE DATE	SELECT TERM <input checked="" type="checkbox"/>
Summer Session 1, 2021	May 21, 2021	\$50	\$75	August 2, 2021	<input type="checkbox"/>
Full Summer Session	May 21, 2021	\$50	\$75	October 1, 2021	<input type="checkbox"/>
Summer Session 2, 2021	July 2, 2021	\$50	\$75	October 1, 2021	<input type="checkbox"/>
Fall 2021	August 2, 2021	\$50	\$75	February 1, 2022	<input type="checkbox"/>
Spring 2022	January 3, 2022	\$50	\$75	July 1, 2022	<input type="checkbox"/>

**Student Information**

Student Name \_\_\_\_\_ Lehigh ID Number (LIN) \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Payment and Deferment Calculation Worksheet**

1. Total Tuition: Number of credits	x	\$ rate per credit	\$
2. Plus: Other academic fees and charges			
3. Total semester charges (Line 1 and 2)			
4. Less: Eligible amount reimbursable by employer			
5. Plus: Deferment fee for current semester (Summer sessions are one )			\$ 50.00 or 75.00 *
6. Amount due with application (see above application due date for applicable semester) (Line 3, less line 4, plus line 5)			\$

*\* Applications received after the application due will be charged \$75 and are subject to the \$200 late fee*

**Company Information** (Required)

The above student is requesting to defer payment to Lehigh University for graduate tuition until reimbursement is received from their employer or the due date for the semester indicated. Please confirm the following: 1.) The employer offers a tuition reimbursement benefit for the employee and 2.) The student requesting the deferment is eligible for the benefit.

Please complete the following company information.

Company Name \_\_\_\_\_ Authorized Representative's Name and Title \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 \_\_\_\_\_ Authorized Representative's Signature and Date \_\_\_\_\_  
 Company Phone No. \_\_\_\_\_

Company will mail check to: \_\_\_\_\_ Company will mail check within \_\_\_\_\_ days of student submitting necessary paperwork requesting reimbursement.  
 Employee      Lehigh University      (circle one)

**Student Agreement (please read carefully)**

I understand that I am personally liable for all amounts due. Approval of this request does not obligate my employer for the amounts due to Lehigh University. Loss of tuition benefit or failure to meet the employer's requirements does not provide for an extension to the terms of the agreement. I understand withdrawal from any or all courses that apply to the deferred amount will be due immediately.

**Payment is due to Lehigh University upon reimbursement by your employer or the due date, which ever is sooner.** Failure to comply with the terms of the deferment will result in a late charge of \$200 and the pursuit of necessary collection procedures.

My signature below acknowledges the *Deferred Amount* constitutes a loan made by Lehigh University to me. This loan shall be paid to Lehigh University immediately upon receipt by the Student of the funds anticipated from the indicated source(s). If the anticipated funds are not received by date specified, this loan shall be repaid by Student and/or Parent/Guardian to Lehigh University, on demand together with interest at 6% per annum. I acknowledge this loan shall constitute a "student loan" and shall not be discharged or dischargeable in any proceeding filed under the United States Bankruptcy Code. The academic records of the student named above are subject to be closed until I have satisfied all the requirements of this agreement. In the event of failure to repay this loan, borrower(s) agrees to pay collection fees up to 33 1/3% of the unpaid deferred amount.

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Student Signature (Required)

Date

**Payment Methods**

- ♦ Check payments may be mailed to the Bursar's Office at 27 Memorial Drive West, Bethlehem, PA 18015.3093
- ♦ ECheck online payments from the *e-Bill Suite (Link available on Bursar Web Page)*
- ♦ Visa, Amex, Discover and MasterCard payments are accepted via the *e-Bill Suite*. The secure site may be accessed as follows:

**To submit an ECheck or complete a credit card payment, please visit**

**[go.lehigh.edu/ebill](http://go.lehigh.edu/ebill)**