

Rollins Tuition Deferment Request

This form is due to Rollins Student Account Services on or before the start of each term.

Student Name: _____ R-Number: _____

Home Address: _____

Phone _____ Email: _____

EMPLOYER INFORMATION

Employer Name: _____

Employer Address: _____

This is to certify that the above-referenced student has applied for and is eligible for tuition reimbursement upon successful completion of registered classes in accordance with company policy. This certification in no way obligates the Company to Rollins College for payment of charges incurred by the student.

AUTHORIZED COMPANY REPRESENTATIVE

Name (please print): _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Authorized deferment amount: % _____ or \$ _____ or other: _____

REGISTRATION INFORMATION

Term: Fall Spring Summer Year: _____ Deferment Amount: \$ _____

Payment of the total due will be submitted to Rollins College by the due date below. I affirm that I will be responsible for the payment of the above-noted charges, including all attorneys' fees and other fees and charges necessary for the collection of any amount not paid when due, and that I will comply with the regulations regarding fees, expenses, and refunds outlined in the current Rollins College Catalog and course schedule. I understand that there will be no refunds issued to me as long as this deferment remains unpaid. Furthermore, I understand that transcripts and diplomas will not be released and future registration will be disallowed with a past due balance owed to Rollins. I understand that in the event of default the debt will be the sole responsibility of the student until it is paid in full, and that students who fail to pay the deferred balance by the due date may be prohibited from receiving future deferments (late payment fees will apply).

Deferment payment due dates are as follows:

- Fall term deferred payment is due no later than January 31st
- Spring term deferred payment is due no later than June 30th
- Summer term deferred payment is due no later than September 30th

I hereby certify that I have read and agree to the terms and conditions.

Student Signature: _____ Date _____

Authorized Signature _____

Return completed form to:

Student Account Services | 1000 Holt Ave – 2716, Winter Park, FL 32789 | 407.646.2252 | sas@rollins.edu