

# EMPLOYER TUITION REIMBURSEMENT PLAN FOR ADULT & GRADUATE EDUCATION PROGRAMS

2024-2025

This plan allows Capital Adult & Graduate Education students to defer tuition payment until after grades for each semester are released. Complete this form and submit to the Student Accounts Office, along with an employer authorization, by the application deadline. A \$50 deferment fee to use the plan is due each semester at the time of application. \*Traditional undergraduate and Law School students are not eligible to use this plan.

Return the form with attachments to the Student Accounts Office, studentaccounts@capital.edu, or mail to:

Student Accounts/Capital University  
1 College and Main  
Columbus, OH 43209-2394

**Employer Tuition Reimbursement Plan applications (with employer authorization and \$50 fee) must be submitted to the Student Accounts Office by these deadlines:**

| Term         | Application Deadline | Tuition Payment Deadline |
|--------------|----------------------|--------------------------|
| Summer, 2024 | May 20, 2024         | Aug. 30, 2024            |
| Fall, 2024   | Aug. 19, 2024        | Jan. 10, 2024            |
| Spring, 2025 | Jan. 6, 2024         | May 30, 2025             |

Employer Tuition Reimbursement Plan for \_\_\_\_\_ semester.

Student Program: \_\_\_\_\_

Student Name: \_\_\_\_\_ Capital ID#: \_\_\_\_\_

Employer: \_\_\_\_\_

Attached is a signed authorization form from my employer, which states I am eligible for tuition reimbursement. I acknowledge the tuition payment due dates above, and that failure to pay my tuition in full by these dates could result in the cancellation of my next semester's registration or prevent me from using the Employer Reimbursement Plan for future semesters.

By signing this form, I agree that payment of tuition and fees is my responsibility. I agree to the terms and conditions of the plan, and authorize Capital University to communicate with my employer on any questions concerning my tuition reimbursement. I have also agreed to the terms of Capital's Statement of Financial Responsibility (located on MyCap) that my tuition and fees are my responsibility even if I qualify for my employer's tuition reimbursement program. Should I decide to drop or withdraw, I agree to complete all of the required paperwork to finalize this process. Questions concerning my student account should be directed to studentaccounts@capital.edu or (614)236-6123.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Capital University**

Student Accounts Office • 103 Yochum Hall • 1 College and Main • Columbus, OH 43209-2394  
Fax 614-236-6820/Phone 614-236-6123 • studentaccounts@capital.edu