



Kutztown University  
Office of Student Accounts  
PO Box 730  
Kutztown, PA 19530  
Phone: 610-683-4133  
Email: [studentaccounts@kutztown.edu](mailto:studentaccounts@kutztown.edu)  
Fax #: 610-683-4674

## Employer Reimbursement Deferment REQUEST

This document acknowledges the student below has requested an **Employer Reimbursement Deferment** of a portion of their tuition bill at Kutztown University because they are entitled to employer reimbursement benefits with their employer. If all items required, are submitted by the due date, and the student has no prior defaults or collections activity on their account, the request will be reviewed within 3 business days of submission. Processing time may take up to 1 week.

**Bills can be found: MyKU > KU Financial Account tile > Payment Dashboard > Your Bills**

**Requirements by the due date\* on the student's charges:**

1. This form completed.
2. Proof of benefit uploaded each semester with this form.
3. Payment of \$400 per course.

\*if due date is not met, request may be denied: MyKU > KU Financial Account tile > Charges Due

**Also required (when available):**

1. Intent to Attend is completed (Fall & Spring semesters after billing is processed)
2. Terms & Conditions are accepted for the term or session attendance (only after billing is processed)

**Approval notification:**

Go to MyKU > KU Tasks tile > click on the green Positive Indicators line to see if you have a Classes Safe.

\*Bills will still be produced as long as charges are still due to KU and the due date is in the future.

The rest of the bill after the payment above was posted, is due by the date in the Term Selection below. This due date must be met even if a student doesn't receive reimbursement or no longer qualifies for the reimbursement based on grade. Holds will block transcripts. Payment will be needed to remove the hold. If the account is sent to collections, the student will no longer be approved for future deferment requests.

**TERM:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID#:** \_\_\_\_\_

**STUDENT EMAIL:** \_\_\_\_\_

**STUDENT PHONE #:** \_\_\_\_\_

**PER COURSE COST: \$400**    **NUMBER OF COURSES:** \_\_\_\_\_

**TOTAL DUE AT SIGNING: \$** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Offer Valid Until: One week after request is made!**