



DEFERRED BILLING APPLICATION

This completed application, when approved by Human Resources and Molloy University, can be used by the employee to register for courses at Molloy University in lieu of upfront payment of the total tuition due. All fees are due prior to the start of classes. Molloy University will bill the student for the balance of tuition. Payment will be made directly by the student to Molloy University for any tuition owed prior to the start of classes. The tuition covered by employer reimbursement is due at the conclusion of the semester. Full payment is due on or before January 30th for the Fall semester, on or before June 30th for the Spring semester and on or before August 30th for any summer session.

To be completed by the Employee and Molloy University

Employee Name: _____ **Company Name** _____

SSN (last 4 digits): _____ **OR ID#** _____ **Major:** _____

Semester (please check): Fall Spring Summer Intersession Year 20 _____

Course Level (please check): undergraduate graduate continuing education

Requested Tuition Amount: \$ _____ **Employee ID Presented** _____
(Bursar Rep Initial)

I am requesting to be invoiced for the amount as indicated above. If I meet the conditions for tuition deferment, I understand that the tuition will be due at the conclusion of the course. I also understand that I will not be eligible for deferred billing if I have an outstanding balance due at Molloy University. I further understand that I am responsible for the tuition in the event that I fail to meet the conditions for tuition reimbursement or if my employer reduces, cancels or denies my tuition reimbursement request.

If full payment is not made by the due date, the undersigned’s account will be placed on hold and a monthly late fee of \$50 will be assessed on the delinquent account. In addition, the University has the right to assign the delinquent account to a collection agency. If assigned to a collection agency, the undersigned will be responsible for collection fees in addition to the balance owed to Molloy. The collection fee will be calculated at the maximum amount permitted by applicable law, but not to exceed 33.3 percent of the amount outstanding.

Employee Signature Phone Number Date

Bursar’s Office, Molloy University Signature Title Date

To be completed by the Human Resources Department
Or attach a copy of your Employee’s Tuition Reimbursement Program letter:

The above named individual is currently employed by _____ at _____ on either a regular part-time staff or full-time basis and is eligible for tuition reimbursement. The employee currently has \$ _____ available in tuition reimbursement for the (please check one): **calendar year** **OR academic year**

Human Resource Representative Name **Phone Number**

Human Resource Representative Signature **Date**

This completed and signed original form is to be returned with your registration to: Bursar’s Office, Wilbur Arts, Rm. 234.