

Oklahoma Christian University  
2019-2020 Employer Reimbursement Form

Oklahoma Christian University must receive an updated form each academic term. If there is a change in employment that invalidates this form the Financial Services Office must be notified either to negotiate a new agreement and/or to terminate the affected agreement. A \$50 deferment fee is charged each semester at the conclusion of the first week of classes. The \$50 deferment fee will be charged against the total outstanding balance. **The \$50 deferment fee and any portion of the charges for the term which are not subject to this agreement must be paid in full by the specified billing due date.** The deferred portion of your charges must be paid by the specified payment due date regardless of the status of your reimbursement from your employer. **Your employer has no liability to Oklahoma Christian University and this agreement will not initiate billings to them.** All agreements must be received prior to the first day of classes for the given term.

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**To be completed by the Student:**

Name: \_\_\_\_\_ OC ID: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Upon completion of registration the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws from the University for any reason and in accordance with the University Policy all remaining tuition and other charges are immediately due and payable. All amounts paid after the due date may accrue interest at the rate of 1.75% per month.

I, \_\_\_\_\_, authorize Oklahoma Christian University to release any and all information necessary to my Employer, \_\_\_\_\_, for the purpose of obtaining payment from my Employer for classes I have completed at Oklahoma Christian University. The extent of the information provided will be determined by the requirements of my Employer's Tuition Reimbursement policy and will include but may not be limited to an itemization of the courses I have taken and the grades I earned in those courses.

\_\_\_\_\_  
Student Signature Date

If you are receiving or applying for financial aid you must report any tuition reimbursement benefits amounts to the Financial Services Office.

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**To be completed by Employer (for employee benefit certification):**

Employer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Contact Email: \_\_\_\_\_

Reimbursement (please list amount/percentage): Tuition \_\_\_\_\_ Mandatory Fees \_\_\_\_\_ Books \_\_\_\_\_

Term Amount Reimbursed: Summer '19 \_\_\_\_\_ Fall '19 \_\_\_\_\_ Spring '20 \_\_\_\_\_ Summer '20 \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Certifying Official Date

The Financial Services Office will accept fax copies to (405) 425-5197 or  
U.S. mail to Oklahoma Christian University, Box 11000, Oklahoma City, OK 73136

OC Office Use Only: Date Entered: \_\_\_\_\_