

## PAYMENT AGREEMENT SPRING 2016 (Employer Reimbursement)

The University of Colorado Boulder's Division of Continuing Education will allow you to delay the payment of your tuition and fees until after you have completed your CU coursework this semester. This is a special exception to our normal payment policies. By completing this form, you agree to the following:

- My employer has no liability to the University of Colorado Boulder and this form will not initiate direct billing to your employer.
- I must pay all tuition and fees by the deadline stated for spring 2016 the final due date is May 5, 2016.
- I must pay the appropriate tuition and fees even if I withdraw from the course(s),
- I must pay all tuition and fees even if my employer fails to reimburse me regardless of the reason,
- I am aware that until I pay all tuition and fees a financial stop will be placed on my CU account that will prevent me from registering for future classes and receiving a CU transcript. If I do not pay all tuition and fees, my account may be sent to an external collection agency.

Name		CU Student No		
Address				
	Day Phone			
Student's Signature			Date	-
	a renewed and/or updated form each time th us or in the employer's tuition reimburseme			ademic year ends. Also, if there is a
To Be Completed By	Employer			
Employer Name:		Contact Name:		
Telephone: ()	Email:			
1. Please indicate	the amount that will be reimbursed to	the employee (percentage	and/or \$ amount) for se	mester.
Percent (cheo	ck one) 1007550other	_		
Dollar Amour	t:			
2. Please indica	te period of time for which this agre	eement is valid:		

Authorized Signature Date If you need further assistance, please call the Continuing Education Accounting Department at 303-492-2212.