



Employer Reimbursement Form

Midway University · 512 E. Stephens St. · Midway, KY 40347
Business Office Phone 859.846.5402 · Fax 859.846.5848
Financial Aid Office Phone 859.846.541. · Fax 859.846.5751

As a student, you are responsible for all costs incurred at Midway University. It is your responsibility to follow the procedure established by your employer to receive reimbursement for your tuition.

If you register and then drop a course, you must follow established procedures outlined in the Midway University refund/charge policies found in the catalog and on the website.

Student Name _____

Student ID or SSN _____

Student Address _____

Student Phone _____

Student Major _____

Semester/Module _____

Courses Eligible for Reimbursement by employer

All classes to be covered must be listed separately on this form

Be sure to complete the other side of this form.



Authorization to release information and acknowledgement of payment responsibility

I, _____, authorize the Business Office and Registrar at Midway University, Midway, Kentucky, to release any and all information necessary for the purpose of obtaining payment from my Employer, _____ for courses at Midway University.

The extend of the information provided will be determined by the requirements of my Employer's tuition reimbursement policy and can include but may not be limited to an itemization of the courses I have taken, tuition charged for the courses, and the grades I earned in the courses.

I understand that I am responsible for all charges to my Midway University student account by the payment deadline for the term in which I am enrolled. If for any reason I leave the company, I understand that I am fully responsible for notifying Midway University in writing.

Student Signature

Date

Billing invoice is to be sent to:

Student

Employer (see below)

If "Employer" option is selected, please list mailing address or fax _____