

**Harding University Graduate & Professional Programs**  
Application for Deferred Billing for Students with Employer Reimbursement Programs

Applicant Full Name: \_\_\_\_\_ Submission Term: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Section 1 Employer Approval**

A document indicating applicant acceptance into the employer's reimbursement program, must accompany this application.

This document must be on company letterhead or memo and must include the applicant's name and the signature of either the applicant's supervisor or human resource department.

**Section 2 Employer Limitations**

What is the maximum dollar amount allowed by your employer's reimbursement program per credit hour or per year? (if no limit please indicate "none")

What are the course types and/or hour limitations of your employer's reimbursement program?

How are reimbursements paid? (i.e. 100% at completion of the course or 50% upfront and 50% at completion, etc.)

List any other limitations or restrictions connected to your employer's reimbursement plan:  
(i.e. Must be pursuing a degree, must be job related, any time limitations etc.)

Applicant Signature

Date

\_\_\_\_\_

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