Student Accounts Receivable Tuition Office
42 W. Warren, 4th Floor
Detroit, Michigan 48202
(313) 577-3653 Direct Line
(313) 577-5255 Fax

Company Sponsored Tuition Payment Agreement

Registration for year 20_____ ☐ Winter ☐ Fall ☐ Spring ☐ Summer

Student I.D. Number	Last Name	First Name	Initial

Address	City	State	Zip Code

Home Telephone	Work Telephone

Company Name	Company Contact	Telephone#

Address	City	State	Zip Code

Contract Terms and Conditions

STUDENT:

- I will provide WSU my tuition voucher from my employer/sponsor. _____ Initials
- I understand that The Family Educational Rights and Privacy Act (FERPA) permits schools to disclose personally identifiable information from education records without consent when the disclosure is in connection with financial aid for which the student has applied or will receive, if the purpose is to enforce the terms and conditions of the aid. _____ Initials
- I understand that once adjustments have been made on my tuition account it will be my responsibility to contact my sponsor for any questions on nonpayment or partial payment of invoice. It is also my responsibility to contact the Student Accounts Receivable Department to discuss and arrange my payment options. _____ Initials
- Sponsorship termination or failure to attend classes does not constitute withdrawal from the course. I understand it is my responsibility to drop or withdraw from the course in accordance with the WSU policy. _____ Initials

  Verify drop and withdrawal periods on the web at http://reg.wayne.edu/students/registration-calendar.php.

- If my sponsorship is terminated or my sponsor does not pay my tuition and fees in full within 30 days of the WSU billing date, I understand that I will be responsible for payment and will be billed accordingly. _____ Initials
- If my payment in full is not received by the billing due date, I agree to pay WSU all amounts, including late payment fees, reasonable attorneys' fees, and collection agency, court and other collection costs that WSU assesses or incurs enforcing this contract. _____ Initials
- I understand that registration for future semesters will be prohibited if payment is not received from sponsor by the last day of the semester. _____ Initials

By signing below, I agree to the terms and conditions as provided by Wayne State University in accepting my employer voucher for sponsored tuition payment.

_____ _____

Signature **Date**

PROCEDURES

- Complete and submit this form and company voucher to WSU Student Accounts Receivable Office.
- WSU will post as a sponsored payment on your student account.
- WSU will invoice the authorized sponsor no later than 30 days after the late registration period ends. Remittance due within 30 days of receipt of invoice.
- WSU reserves the right to refuse sponsorships.