

Request for Deferred Billing

Student Information

Student ID #: _____ **Semester to Enroll:** Fall Spring Summer

Applicant Name: _____
Last *First* *M.I.*

Phone #: _____ DOB: _____

Address: _____
Street *City/State* *Zip*

Employer: _____

Job Title: _____ Department: _____

Employer Address: _____
Street *City/State* *Zip*

Part Time Full Time Permanent Temporary

Employer Contact Information

Contact Person: _____ Title: _____

Phone #: _____ Email: _____

Briefly explain your employer reimbursement policy:

Terms & Conditions (all boxes must be checked)

- I understand that I must attach a current letter from my employer verifying my employment and eligibility each semester
- I understand that payment in full must be received by the due date specified in the deferred billing agreement, whether or not I have been reimbursed by my employer
- I understand that students on academic probation or in jeopardy of academic suspension are not eligible to participate in the deferment plan
- I understand rights to participate in future CMU deferment plans will be lost if tuition is not paid when due. A past due hold and prepayment hold will be placed on my account to prevent registration until payment is made in full.
- I understand I will not be allowed to register or remain enrolled for future semesters if my account is not paid in full or I do not have a deferment agreement on file
- I understand that a new deferment agreement is required each semester in order to initiate the benefits of the Deferred Billing Program
- I give CMU permission to speak to my employer about future educational opportunities and educational partnerships

Forms can be email to tvoucher@cmich.edu or Faxed to (989)774-3542

Student Signature

Date