



PO Box PSU
Lehman PA 18627
570-675-2171

TUITION DELAY PLAN WITH EMPLOYER CONTRIBUTION

To be eligible for the TUITION DELAY PLAN WITH EMPLOYER CONTRIBUTION the following steps must be completed:

1. Registration for the entire semester course load must be completed one week prior to the first course.
2. Any tuition amount not covered by employer contribution must be paid at the time or registration.
3. Any prior tuition balance must be paid in full before future registrations are allowed.
4. Tuition payment is the students' responsibility. All payment under the delayed plan is to be submitted by the student. Payment must be made within (2) two weeks after grades are received.* Payment should be sent directly to the Financial Office at the Wilkes-Barre Campus. Please return remittance slip attached below when sending in payment. Payment can be made by cash or check. Credit cards cannot be used for delayed payment with this plan.
5. Student is responsible for any tuition charge due to drop and/or withdrawal from class(es). No refunds or tuition forgiveness will be issued unless an official withdrawal is processed through the Registrar's office prior to the 1st day of class. Tuition refund after the 1st day and after will be prorated.

*Late payment registration fee will be assessed if complete payment is not received within a 2-week period.

TO BE COMPLETED BY STUDENT/EMPLOYEE

Please defer tuition charges for the _____, 20____ semester. These charges will be paid through my Employer Tuition Contribution Plan. I agree to all policies and procedures set forth by Penn State University as outlined in the Student Handbook/Catalogue.

of credits _____ @ \$ _____ /credit \$ _____
\$ _____ Info Tech Fee
\$ _____ Total

NAME _____ PSU ID# _____

ADDRESS _____ PHONE# _____

SIGNATURE _____ DATE _____

TO BE COMPLETED BY EMPLOYER

I hereby certify that the above named student/employee is employed by our firm and is entitled to tuition benefits in the amount of \$ _____. These benefits cover the _____, 20____ semester. Payment will be made on or about upon completion of class _____.

EMPLOYER/COMPANY Sayre Area School District

ADDRESS 333 W. Lockhart Street PHONE # 570-888-7615

AUTHORIZED SIGNATURE _____ DATE _____

TITLE Superintendent