

Deferred Payment Agreement



Master of Education (M.Ed.)
Master of Educational Technology (MET)
Master of Special Education (MSE)

Wilson College students whose employers do not reimburse for college courses until the course has been completed may apply to the College for a deferred payment schedule. The terms of this deferred payment agreement are as follows:

- There is an up-front, non-refundable fee of \$25.00 per course that **must be submitted with this agreement. This form must be submitted no later than the end of the first week of the semester OR two weeks following your registration date.** This is a processing fee that does not apply toward the tuition owed to the College.
- Payment in full is due to Wilson College no later than **30** days after the last class meeting.
- An additional charge of \$75.00 per month will be assessed for every month the bill is past due.
- On the 60th day a payment is past due, the student will be sent to collections. All fees for this expense are the responsibility of the student.
- In the event the employer denies payment, the balance is the students responsibility and failure to pay could impact being able to register for future classes at Wilson College
- If you're applying for/or receiving Financial Aid, please check with the Financial Aid Office **PRIOR** to submitting this form.
- All other college policies apply.

Complete all fields below

Courses*: _____ _____	Semester _____
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**All courses are based on approval from advisor*

Student Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

E-Mail Address _____ Student ID Number (not SSN) _____

Employer _____

Employer's Street Address _____

City _____ State _____ Zip _____

Your Position/Title _____

Supervisor Name and Phone Number _____

Human Resources Contact and Phone Number _____

Forms submitted without correct payment will not be accepted.

Your signature indicates a full understanding of the terms of the deferred payment policy and guarantees that all of the information you have provided is accurate.

Signature _____ Date _____

Please remit forms and payment to: Wilson College c/o Master of Education; 1015 Philadelphia Ave; Chambersburg, PA 17201

*****To be Completed by Wilson College M.Ed. Department*****

Number of courses x \$25.00 fee per course = \$ _____ Cash _____ Check (# _____)

Payment received by _____ Date _____

Receipt # _____