

Deferred Payment Agreement



**Master of Education (M.Ed.)
Master of Educational Technology (MET)
Master of Special Education (MSE)
Master of Mass Customized Learning (MMCL)**

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 _____

Deferred Payment Agreement. 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 # _____