



EGOM
Employer Reimbursement Form

This form is provided for students whose employers will be reimbursing the cost of tuition for course(s) taken at Clarkson University through the EGOM Program. Please complete this form to defer payment of your tuition in order to obtain reimbursement from your employer. This request must be completed and returned to the EGOM Office and may be denied if any previous semester charges remain outstanding. Completion of this form is required only once. Any changes to the information must be reported to the EGOM Office to ensure timely and accurate billing.

The student will be responsible for any unpaid balance should the employer not make payment.

Student Information

Name _____ Student ID Number _____
Home Address _____
Home Phone _____ Business Phone _____
Home E-mail _____ Business E-mail _____

Employer Information

Name of Employer _____
Address _____
Contact Person _____ Contact's Phone _____
Percentage of Benefit Receiving _____ %
Payment Expected: [] During the Current Term [] Upon Completion of the Term
Should Clarkson invoice your employer to secure payment? [] Yes [] No
Is the Employer paying Clarkson University directly? [] Yes [] No
Is a copy of your grade report required before payment is made? [] Yes [] No

Authorization

By signing below I am authorizing the EGOM Office to release educational records pertaining to my student account and academic information to the organization or individual listed above. This authorization remains in effect while I am enrolled at Clarkson University. I understand that I may terminate this authorization at any time by notifying the EGOM Office in writing.

Student's signature

Date