

**Employee Provided Payment Form
Mediation & Dispute Resolution Certificate Program
Summer 2013**

I have applied to my employer for tuition reimbursement for the following course(s):

1. _____
2. _____
3. _____
4. _____

I am requesting that payment of tuition for the above-listed courses be deferred. I agree to pay all of my tuition in full for the above-listed courses once I receive reimbursement from my employer. I understand that I remain fully responsible to Capital University Law School for all of my tuition, even if my employer's tuition reimbursement plan does not reimburse me. I have completed the employer reimbursement survey below and will include the \$25.00 deferral fee with my tuition payment.

I understand that according to section 5.2.02 of Capital University Law School's manual of policies and procedures, any student who carries an outstanding balance as of Friday, November 8, 2013 will be involuntarily administratively withdrawn from the law school.

My employer is: _____

(Employer's Address)

(City, State & Zip)

(Telephone)

(Student Printed Name)

(Student ID #)

(Student Signature)

(Date)

Terms for Employer Providing Tuition Reimbursement for Student:

Tuition Provided at:

- (a) Start of Classes _____
(b) After Bill Received _____
(c) After Grade Received _____

Percent of Tuition Provided _____%

Minimum Grade Required to Receive Reimbursement _____

Other Conditions Necessary _____

**Must be submitted no later than May 20, 2013 to:
The Office of Records & Registration
303 E Broad St
Columbus, OH 43215-3200
Fax 614-236-6818**