

Achieve Your Degree Deferred Tuition Request Form



Student Name: _____

Student C#: C0 _____

Year: _____ Term (Select One): ☐ Fall ☐ Spring ☐ Summer

The deferred tuition program supports corporate and community partners who fund college costs for sponsored students through tuition reimbursement or private donations. Under the plan, payment of tuition for the specified term will be deferred by Ivy Tech Community College until 30 days after the end of the latest course student is registered for in a term. This allows time for the sponsored student to receive reimbursement from their sponsor. Costs not covered through tuition assistance must be paid or an approved payment plan established by the student before the payment deadline and cannot be deferred.

Statement of Financial Responsibility:

My signature on this form indicates a promise to pay Ivy Tech Community College my total financial obligation (including tuition and fees), if any. In order to calculate total obligation, I authorize my total financial aid and scholarship eligibility to be included. Additionally, upon completion of the course(s), my grades for the covered term(s) may be sent to my employer or community organization.

☐ **I understand and agree**

I understand and acknowledge that in the event any anticipated funds are denied or are otherwise not forthcoming, or in the event that I stop attending Ivy Tech Community College for any reason, my total financial obligation shall become due and payable immediately.

☐ **I understand and agree**

I understand and acknowledge that failure to fully satisfy my total financial obligation when due may result in the collection and/or legal action brought against me by the College and the College may withhold transcripts, issuance of diploma or prevent me from registering for future terms until the balance is satisfied.

☐ **I understand and agree**

Further, I understand and acknowledge that I am fully obligated and responsible for any and all charges associated with such collection and/or legal action, including but not limited to, the reasonable attorney fees of Ivy Tech Community College.

☐ **I understand and agree**

Name of Employer: _____

Student Signature: _____ Date: _____

By signing, we acknowledge this employee is eligible for our Tuition Reimbursement Program:

Sponsor Company or Organization Name: _____

Sponsor Signature _____ Date: _____

Completed, signed form is to be faxed to (812) 429-1483 or emailed to r12-AYDStatewide@ivytech.edu.

Please direct all questions to the same address.

If you prefer to complete this form electronically, please email r12-AYDStatewide@ivytech.edu to begin that process.