



EMPLOYER TUITION ASSISTANCE

Employer Section:

Company Name _____

Billing Address _____

Contact Name _____

Title/Department _____

Phone _____ Email _____

Program of study or type of classes authorized for payment

Employer agrees to pay: ☐ Tuition & fees required for enrollment

(check all that apply) ☐ Textbooks

☐ Required supplies _____

The employee has 14 calendar days from the semester start date to drop classes in order for the employer not to be invoiced. Textbook refunds are subject to online bookstore and campus store policies. Please do not pay prior to a Kirtland invoice issued in the employer's name. Employer invoices are created the 4th week of the semester. Payment to Kirtland will be due within 30 days of the invoice and is not dependent on grades.

Authorized Signature _____ Date _____

Student Section:

Student Name _____

Kirtland ID# _____ or Date of Birth _____ Student Phone _____

Student Signature _____ Date _____

By signing above, I hereby authorize Kirtland Community College to release any academic and/or accounts receivable information to my employer that is necessary for payment of my account. I understand that I will incur charges each time I enroll and am ultimately responsible for these charges if my employer fails to pay for any reason.

Return form to: KCC Student Financial Services, 4800 W Four Mile Rd., Grayling, MI 49738

Phone: (989)275-5000, ext. 238

Fax: (989)275-6789

email:kim.smith@kirtland.edu

For Office Use:

Vendor ID# _____

Semester Inv _____



Registrar



WFD

1/01/2021