



Tuition Deferment Plan (TDP) Application
Fall 2021

PART I: Student Information (To be completed by the student)

Name Student ID

Address

Cell Phone Business Phone

Total tuition and other charges deferred under the TOP: \$

Tuition Deferment Plan Terms: The TDP enrollment fee of \$250.00 for the term is due upon receipt of the completed plan form. The amount covered by the plan is determined by the employer's contribution page. Any item or amount not covered by the employer must be paid by the student along with the enrollment fee no later than the first day of class for the term.

Payments not paid on the due date of January 10, 2022, will result in a hold being placed on the student account with the potential of classes dropped and no access to transcripts/diplomas until account is paid in full. Late payment fees of \$75.00 will be incurred and assessed each month on the account until payment in full is received. Students will be ineligible to apply for the TDP in future terms.

I have read and understand the terms of the Tuition Deferment Plan (TDP) and promise to pay Queens University of Charlotte the total sum incurred by my registration. If my employer will not pay my tuition or other fees, I understand it is my responsibility and will pay no later than the due date for my term. The interest rate on the TOP is 0%. I understand that an agreement and fee is required each term. Should default occur the account will be placed with a collection agency. The collection agency will report adverse performance to the credit bureau, no class registration is allowed and no transcripts or diplomas will be released under any circumstances.

Student Signature

Date

EMAIL COMPLETE TDP PLAN WITH SIGNATURE AND PAY FEE BY Sept 7, 2021

StudentAccounts@queens.edu

Full payment must be made no later than August 30th

Payment for fee is available on myAccount@queens.edu

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PARTII: EMPLOYER INFORMATION *(To be completed by the employer)*

An employee of your company is applying for the Tuition Deferment Plan to defer payment of his/her tuition to a specific date at the end of the term enrolled. Please complete the following section and return to the employee or submit as an attachment to StudentAccounts@queens.edu.

Employee Name: _____

Company Name: _____

Address: _____

Employee's Job Title: _____

(Please Check One)

Yes No

Is this employee eligible for your company's tuition assistance benefit?

Yes No

Does your tuition assistance plan have a dollar amount maximum? Per term? Per year?

If yes, please list the cap dollar amount \$ _____

Yes No

Are there limitations to your plan? If yes, please describe below or attach your company's tuition assistance policy.

Signature of Authorized Company Representative

Date

Name: _____
Please Print

Title: _____

Phone: _____