

Student Accounts Office Company Tuition Assistance Agreement

September 1, 2025 – August 31, 2026

PART I: TO BE COMPLETED BY STUDENT:

Name:	ID:
Address:	Phone:
	Email:
Terms of Agreement:	
• Student must be degree-seeking to qualify for partic	eipation in this agreement.
ultimate responsibility for payment of charges on the anticipate employer reimbursement and any interest of .67% per month	ncial Agreement and Disclosure document. • Student accepts ir student account. Student is responsible for any amount above the or fees that may accrue because of it. Interest will accrue at the rate
	considered as a resource when determining financial aid eligibility. calance from the prior term is permitted if the balance is no more
This form is only valid for one academic year and mu	•
Allocation of funds: Fall 2025 \$ S_1 *Allocation of funds must equal expected benefits	pring 2026 \$ Summer 2026 \$ fit amount indicated below by employer
Student Signature:	Date:
PART II: TO BE COMPLETED BY EMPL	OYER:
This document acknowledges that this student expenses for the noted academic year.	is eligible to receive tuition assistance to cover educational
Company name and address:	
Phone number:	
Email address:	
Expected benefit amount per academic year: \$_	
The company will send payment: Prior to seme	ester End of semester (pending grades)
Signature of company official:	Date:

** Please attach a copy of your company's tuition assistance policy. **

Return the completed form and documentation to:

Hamline University, Student Accounts Office, MS-A1770, 1536 Hewitt Avenue, St. Paul, MN 55104, or fax to 651-523-2585, or email studentaccounts@hamline.edu.