



## **2026-2027 Tuition Deferral Request Form | EMPLOYER TUITION REIMBURSEMENT**

The Tuition Deferral Program allows students who qualify for an employer sponsored tuition reimbursement benefit to defer 90% of their tuition and fees until 30 days after final grades are added to a student's official transcript.

Final grades will be available to the student through LORA Self Service for submission to their employer; however, degrees will not be released until final payment is made.

*Students who receive financial aid may participate in the program only if there is a balance due after all financial aid has been applied (tuition deferrals will be limited to the remaining account balance after financial aid).*

### **Three Easy Steps are required to secure your deferment:**

1. Make a payment equal to 10% of your total tuition and fees for the semester.
  - a. For example, if you enroll in the Fall MSN program and register for six credit hours, your tuition will be \$5,400 and university general fees of \$965 for a total of \$6,365. You will need to pay \$636.50 in order to enroll in the Tuition Deferral Program.
2. Provide Verification **from your employer** that you are eligible to participate in your employer's Tuition Reimbursement Program. (Feel free to forward verification to us or ask your employer to send it directly.)
3. Sign, date and return this Tuition Deferral Request Form.

**Please FAX or email this signed form *and* employer verification to (504) 865-3661 or [bursar@loyno.edu](mailto:bursar@loyno.edu).**

**Tuition deferral requirements must be received, and approved, before the first day of classes.**



## 2026-2027 Tuition Deferral Agreement

|                                     |                     |
|-------------------------------------|---------------------|
| <b>Student Name</b>                 |                     |
| <b>Student ID Number (CWID)</b>     |                     |
| <b>Semester/Term</b>                |                     |
| <b>Employer</b>                     |                     |
| <b>Employer Contact Information</b> | <b>Name:</b>        |
|                                     | <b>Phone/Email:</b> |

I, \_\_\_\_\_ (Print Name), understand and agree that:

Initial next to each requirement to confirm your understanding.



|  |                                                                                                                                                                                                                    |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | It is my responsibility to fulfill the requirements of my employer's tuition reimbursement benefit in order to pay my student account in full within 30 days after my final grade is available.                    |
|  | I will remit my tuition reimbursement to Loyola University immediately after receiving the funds from my employer.                                                                                                 |
|  | If I do not receive a reimbursement from my employer for any reason, or receive only a partial reimbursement, I agree that I am still liable for full payment of my student account.                               |
|  | Degrees will not be conferred until full payment of my student account is received by Loyola University New Orleans.                                                                                               |
|  | A \$250.00 late fee will be assessed on all late payments. This includes the deadline for the required 10% payment and the submission of the Tuition Deferral Request Form, as well as the final payment due date. |
|  | In the event I withdraw from a course or from the University, this tuition deferral is revoked and all student account balances must be paid in full immediately.                                                  |
|  | The University may deny my acceptance in the deferral program for subsequent sessions if payment is not made in accordance with this agreement.                                                                    |
|  | The University may cancel my course registration for current or subsequent semesters if payment is not made in accordance with this agreement.                                                                     |

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_