

Business Office  
 Phone 636-949-4927  
 Fax 636-949-4845  
 Email scanned copy to CorporateAccounts@lindenwood.edu

FALL 16 WEEKS	Aug. 26, 2024-Dec. 13, 2024	
FALL 1 <sup>ST</sup> 8 WEEKS	Aug. 26, 2024-Oct. 20, 2024	
FALL 2 <sup>ND</sup> 8 WEEKS	Oct. 21 2024-Dec. 13, 2024	
SPRING 16 WEEKS	Jan. 13, 2025-May 9, 2025	
SPRING 1 <sup>ST</sup> 8 WEEKS	Jan. 13 2025-Mar. 9, 2025	
SPRING 2 <sup>ND</sup> 8 WEEKS	Mar. 17, 2025-May 9, 2025	
SUMMER		

Lindenwood University recognizes that many companies offer tuition reimbursement to their employees. The Corporate Promissory Note allows students to take advantage of employer tuition reimbursement by deferring payment of all, or a portion, of tuition. See <https://www.lindenwood.edu/business-office/payment-information/> for more information.

A copy of your company's tuition assistance plan is required annually.

	FALL (16 wks)	FALL 1	FALL 2	Spring (16 wks)	Spring 1	Spring 2	Summer
Payment due for CPN	Jan. 13 <sup>th</sup>	Nov. 20 <sup>th</sup>	Jan. 13 <sup>th</sup>	June 9 <sup>th</sup>	April 9 <sup>th</sup>	June 9 <sup>th</sup>	Aug. 10 <sup>th</sup>

**To be completed by student:**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Last First

Telephone Number \_\_\_\_\_ Lindenwood e-mail \_\_\_\_\_  
Street City State Zip

**To be completed by employer:**

By signing this document, the employer confirms that a reimbursement plan is available to the above employee/student. Upon completion of the coursework, the employee/student is responsible for making payment to Lindenwood University. The employer is not responsible for making payment to Lindenwood University.

I hereby certify that (Employee Name) \_\_\_\_\_ is employed at  
 Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

The employee is eligible to participate in our employee reimbursement program. The maximum dollar amount or percentage paid for this semester under the reimbursement plan is \$ \_\_\_\_\_ or \_\_\_\_\_ % for tuition.

Name of Business Representative \_\_\_\_\_ Title \_\_\_\_\_

Business e-mail \_\_\_\_\_ Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Terms and Conditions**

- All prior term balances must be paid in full.
- The student will forfeit the privilege of executing a promissory note in any future term if payment is not received in full by the due date.
- A late payment fee of \$50.00 will be assessed monthly until the account has been satisfied.
- I understand that if I do not meet the requirements or eligibility for reimbursement from my employer, withdraw from my course(s) or from the University, that I will be responsible for payment of all tuition and fees immediately.
- I understand that I am responsible for securing grades and for submitting them to my employer in a timely manner.
- A promissory note is a legally binding document that gives the university specific legal remedies if the note is not paid when due. If suit or collection procedures are instituted to enforce payment, I (the student) promise to pay the cost of collection, including any attorney fees, in-house counsel fees, and interest from the date of default. All parties waive any right to a jury trial, and jurisdiction and venue for any and all cases shall be the Courts of St. Charles County, Missouri.
- The holder of this note has the permission of the maker (the student) to contact, discuss, and release all relevant information needed for the collection of this note with the listed company.
- The undersigned agrees electronic records shall have the same legal force and effect as the paper documents from which they were converted. The undersigned waives any legal requirement that any documents digitally or electronically converted be embodied, stored, or reproduced in a tangible media. The undersigned further agrees that a printed or digitally reproduced copy of the electronic record shall be given the same legal force and effect as an original signed writing.
- I understand that the amount of this promissory note will not be used in determining any refunds on the student account. A refund will only be considered if the student's account has an actual credit.
- A new agreement must be submitted each term.
- I understand that I will continue to receive monthly billing statements as a reminder of the balance due. New charges should be paid by the billing due date.
- This agreement is not valid until approved by Lindenwood University's Business Office.

**By signing, I agree to the terms and conditions set forth in this agreement. I, not my employer, will be fully responsible for making payment.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Date received \_\_\_\_\_ Approved by \_\_\_\_\_