GOLDEN GATE UNIVERSITY

Student Financial Services, 660 Fourth St. PO Box 191, San Francisco, CA 94107 415-442-7839

EMPLOYER REIMBURSEMENT PLAN AUTHORIZATION FORM
SPRING 2027

Students whose employers will reimburse them for educational expenses may qualify for the University's Employer Reimbursement Plan. This plan allows students to register for classes and postpone tuition payment until **June 5, 2027**. The processing fee of $100 must be paid to Nelnet Campus Commerce the University's payment plan provider. The following conditions apply to this program:

1. The student's employer must be a **third party other than the student** and agree prior to registration to pay for authorized tuition and fees.
2. Student must have this form completed by the employer and submit it to Student Accounting Services by respective payment due date. **The employer representative signing this form must attach a business card – if card is not available, a signed approval email from the authorized officer will be sufficient.**
3. Student with less than 100% tuition and fee reimbursement must pay the uncovered amount in full at the time of registration or have another payment option set up.
4. Student must sign up and budget the reimbursable amount with Nelnet Campus Commerce through myGGU or at https://online.campuscommerce.com/signin/4NFLY and pay a $100 processing fee.
5. ***A payment reminder will be emailed to student 4 business days prior to the payment due date. The student is responsible for payment, in full of all amounts(s) due under this plan on June 5, 2027, whether or not the amount has been paid by the employer. If the employer refuses, for any reason, to reimburse the student, the student remains responsible for payment of all charges. Payment must be made to Nelnet (NOT directly to GGU).***
6. Failure to pay by the due date will result in a late charge of $40 and a 1.5 percent finance charge per month commencing after 30 days past due. In addition, the late payment may result in the loss of the student's eligibility to participate in the University's payment plans.
7. The student must be in good financial standing with the University.

TO BE COMPLETED BY STUDENT:

Student's Name _____ Company Name _____

Student ID # _____ Company Billing Address _____

Student's Home Address _____ _____

_____ _____

Daytime Phone Number _____ _____

I understand that I am responsible for full payment of all charges incurred if for any reason my employer does not pay the University. I promise to pay Golden Gate University for tuition and fees I have charged according to the terms and conditions of the payment plan I have selected. If action is brought to collect on any debt I have incurred, I promise to pay, in addition to the unpaid principle sum, such additional sums as attorney's fees as the court may adjudge reasonable, and interest at the prime rate. I understand and agree that I am liable for all charges incurred. I further understand and agree as a condition of my registration at Golden Gate University that I have carefully read and understand the terms of the Withdrawal Policy. I have read and understand the policy regarding tuition, fees, and academic regulations as published in the applicable *University Catalog*.

Student's Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER:

Please indicate which of the following charges are eligible for reimbursement by you. Please indicate any dollar limitations, if any.

❑ Tuition _____ Phone Number_____

Name _____ Title _____

Signature _____ Date _____

I certify that the above information is correct and accurate and that I am an authorized representative of the above-mentioned company. I authorize to reimburse above-indicated tuition charges.

(This form cannot be processed without your employer's authorization.)