

<b>OFFICIAL USE</b>	
TERM: 20	_____
<small>(CIRCLE ONE)</small>	
DRAMA	_____
JAZZ	_____
LANG	_____
MANNES	_____
MILANO	_____
NSSR	_____
NSGS GRD	_____
NSGS UND	_____
NSGS CE	_____
PARSONS	_____
PARSONS CE	_____

**Employer Reimbursement Deferral / Third Party Billing Request Form**

**PLEASE PRINT** Term: (Circle One) Fall Spring Summer Year: 20\_\_\_\_\_

Name: (Last, First) \_\_\_\_\_ New School ID#: N \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Student's Official Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PLEASE CHECK-OFF ONLY ONE OF THE FOLLOWING OPTIONS**

<input type="checkbox"/> <b>EMPLOYER/SPONSOR REIMBURSEMENT DEFERRAL [EMS]</b>  <p><b>PLEASE NOTE:</b> For this option, a \$150.00 Deferral Fee, all mandatory fees as well as all tuition and non-tuition charges that are not covered under the terms of your employer/sponsor reimbursement, are due upon submission of this form. Furthermore, you will need to complete a Deferred Credit Card Payment Authorization form.</p> <p>This option should be selected if you want to extend your payment due date as a result of a reimbursement that you will receive directly from your employer. <u><b>A signed, original letter, on company letterhead, specifying the terms of reimbursement must be submitted with this form.</b></u></p>	<b>OR</b>	<input type="checkbox"/> <b>THIRD PARTY BILLING DEFERRMENT [EMI]</b>  <p>This option should be selected if all or part of your tuition and/or associated fees will be deferred in lieu of payment from your employer, sponsoring agency, etc. directly to The New School. <u><b>A signed, original contract and/or voucher, or letter, on company/organization letterhead, specifying the terms of reimbursement must be submitted with this form.</b></u> Any part of your tuition and fees that are not paid by your employer, sponsoring agency, etc. are due upon submission of this form.</p>
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**Amount to be Deferred/Billed:** \$ \_\_\_\_\_ Employer/Organization to be Billed: \_\_\_\_\_

Billing Contact Person at Employer/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY SFS: Payment Due Now:** \_\_\_\_\_ **Deferred Balance Due Date:** \_\_\_\_\_

BY SIGNING BELOW, I UNDERSTAND AND AGREE THAT:

- I alone am responsible for full payment of all tuition and associated fees by the indicated due date, regardless of whether or not I receive payment from my employer under the Employer Reimbursement Deferral option **or** the third party that I have indicated in the Third Party Billing Deferral option has submitted payment.
- The monies deferred are considered education debt and can not be discharged via bankruptcy.
- It is my responsibility to provide all necessary information (including grades) to my employer/sponsoring organization in a timely manner in order to ensure that payment is received by The New School by the indicated due date. Failure to receive grades, passing grades, a minimum grade point average or failure to complete classes does not waive my responsibility to make payment to The New School by the due date.
- The New School may contact my employer/sponsoring organization to determine if I am still eligible for the indicated tuition reimbursement.
- Any balances still outstanding after the indicated due date will incur a charge of 10% of the balance due. Furthermore, if The New School determines that it is necessary to submit my account to a collection agency or attorney, I agree that I will be liable for all collection and/or legal costs relating to the collection of any outstanding charges.

▪ **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send this form with documentation to the address listed above, Attn: Third Party Billing or deliver in-person to Cashiering located at 72 Fifth Avenue (lower level) or fax to 212.229.8582.**

<small>OFFICIAL USE</small>			
SFS SIGNATURE: _____	DATE: _____	PARTICIPATION FEE CODE: _____	DOC'S INCLUDED? Y / N
DEFERRAL CODE: EMS	EMI	AMC	EXT FGN/FGL NYS OVR VAI/VAS
INVOICED: _____	PAYMENT IN FULL(Date): _____		