

EMPLOYER TUITION PAYMENT FORM

Student Name: _____

Student ID Number: _____

Employer Name: _____

Employer Address: _____

Employer Telephone Number: (_____) _____

TO BE COMPLETED BY EMPLOYER

As the employer of : _____

Student's Name (please print)

we agree to pay Berry College \$ _____ in tuition at the end of the:

Fall semester 20 _____

Spring semester 20 _____

Summer semester 20 _____

Signature of Company Representative

Title

Print name of Company Representative

Title

AFTER FORM IS COMPLETED, RETURN TO:

Office of Graduate Studies
PO Box 495024
Mt. Berry, GA 30149-5024

MAIL PAYMENT AT END OF SEMESTER TO:

Berry College
Student Business Services Manager
PO Box 490129
Mt. Berry, GA 30149-0129