



OFFICE OF THE BURSAR

Metropolitan College of New York
60 West Street 6th FL.
New York, NY 10006

Phone: (212) 343-1234 Ext. 5002
Fax: (646) 613-2975
Email: boffice@mcny.edu
www.mcny.edu

Employer Reimbursement Deferment/Third Party Billing Request

Name: _____, _____ MCNY ID#: _____
Last First

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Student's Official Address (include City, State, Zip)

Amount to be Deferred/Billed: _____

Employer/Organization to be Billed _____

Billing Contact Person at Employer/Organization: _____

Phone: _____

TO BE COMPLETED BY THE BURSAR OFFICE:

Payment Due Now: _____ **Deferred Balance Due Date:** _____

BY SIGNING BELOW, I UNDERSTAND AND AGREE THAT:

- I will submit my employer's tuition reimbursement policy **or** the third party organization's tuition payment policy to the Bursar's Office. My Deferment request is **not** complete until I submit this document along with the Employer Reimbursement Deferment/Third party Billing Request form to the Bursar's Office.
- 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 on the Third Party Billing Deferment option has submitted payment.
- 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 MCNY 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 MCNY by the due date.
- MCNY may contact my employer/sponsoring organization to determine if I am still eligible for the indicated tuition reimbursement.
- Furthermore, failure to satisfy my outstanding tuition and associated fees may result in my account being placed with a collection agency.

Student Signature: _____ **Date:** _____

*Please send this form with documentation to the address listed above,
Attn: Bursar or deliver in-person to 60 West Street, 6th FL. or fax to (646) 613-2975*