



TUITION DEFERRAL PLAN AGREEMENT

Student Name: _____ Date: _____

Student ID Number:

--	--	--	--	--	--	--	--	--

Phone Number: _____

Tuition Deferral Plan Terms and Conditions

BPCC will defer collection of tuition and fees for a period no longer than one semester provided the student’s employer makes a promise to pay on their behalf. The following terms and conditions apply:

1. Student is responsible to verify eligibility for employer tuition assistance benefits through their employer.
2. Student agrees to pay any balance not covered by their employer.
3. Payments made to the student’s account from another source (e.g., Federal Financial Aid) will be applied first to unpaid tuition. Refunds will not be processed until tuition and fees are paid in full.
4. Students who choose to self-pay and to be reimbursed later by their employer may pay in full or establish a payment plan. Complete payment information is available on our website: <https://www.bpcc.edu/finance/tuition-payment-plan-options>.
5. Student has up to 30 days past the end of the semester to pay any remaining balance.
6. All balances must be paid in full before diplomas, certificates, or transcripts are conferred.
7. Bossier Parish Community College reserves the right to assign outstanding account balances to a collection agency, which may include the assessment of additional fees (La. R. S. 47:1676)

I understand and agree by my signature below that I am responsible for full payment of all charges incurred at Bossier Parish Community College. Failure to pay will prevent future participation in the Tuition Deferral Plan and will result in a hold being placed on my account.

Completion Verification

- At the end of the term, I will contact the Business Office to obtain my grades/account balance.
- At the end of the term, please send my grades/account balance to my employer directly.

Student Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Company: _____

Authorized Representative Name/Title: _____

Contact Phone: _____ Contact E-mail: _____

The aforementioned company agrees to pay: Tuition Course Materials Fees
not to exceed: \$_____ for the following term(s):

Fall Winter Spring Summer of Year: _____.

Pay Option: Company/Organization will pay BPCC directly Student will pay BPCC and be reimbursed

Authorized Representative Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE BUSINESS OFFICE ONLY

BPCC Authorized Representative Name: _____ Date: _____

BPCC Authorized Representative Signature: _____

BPCC Business Office

6220 E. Texas St, Building F, Bossier City, LA 71111

businessoffice@bpcc.edu | (318) 678-6012

Last Updated: 1/19/2023