



Corporate Education Program of DeVry University Eligibility and Billing Form

Completion of this form is necessary to receive the benefits of the Corporate Education Program ("Program") for all new and continuing students. The application fee is waived for applicants eligible to participate in the Program.

<u>Employer Information</u>
Name of employer (as identified on the corporate table on the learning center): _____
Location of employment (city): _____
Name of entity that manages tuition reimbursement/education programs/benefits for you: (This may be a consulting company, your human resources department, or other department) _____ Dept: _____

<u>Employee Information</u>			
Employee's full name: _____ (first, middle, last)			
Start date: _____ DSI# (if available) _____ (New and continuing students)			
<table style="width: 100%;"> <tr> <td style="width: 33%;">Check one: <input type="checkbox"/> Undergraduate program <input type="checkbox"/> graduate program</td> <td style="width: 33%;">Check one: <input type="checkbox"/> new student <input type="checkbox"/> continuing student</td> <td style="width: 33%;">Check one: <input type="checkbox"/> direct-bill <input type="checkbox"/> tuition reimbursement <input type="checkbox"/> no longer wants tuition assistance</td> </tr> </table>	Check one: <input type="checkbox"/> Undergraduate program <input type="checkbox"/> graduate program	Check one: <input type="checkbox"/> new student <input type="checkbox"/> continuing student	Check one: <input type="checkbox"/> direct-bill <input type="checkbox"/> tuition reimbursement <input type="checkbox"/> no longer wants tuition assistance
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<u>Standard Corporate Agreement</u>	<u>Cohort and Corporate Agreement</u>
Tuition reduction: ___%	Cohort tuition reduction: ___ %
<u>Cohort Only</u>	Corporate tuition reduction: ___ %
Tuition reduction: ___%	Campus/Center/Facility attending: _____
Campus/Center attending: _____	

Company or department <u>For Direct Billing ONLY</u> (tuition bills will be sent to this address)
Administrator name/title: _____
Company name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip code: _____

Applicant/employee states and affirms eligibility to participate in the Program as defined by the choice of options contained herein. Applicant/employee further understands and agrees that DeVry University may, from time to time and in its sole discretion, verify that applicant/employee continues to be eligible to participate in the Program. Applicant/employee will furnish such proof of continuing eligibility as DeVry University requests.

Signature: _____ Date: _____