

## Deferred Corporate Tuition Assistance (DCTA) Payment Plan Application

### Completed by Student

Student ID\* \_\_\_\_\_ First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone Number\* \_\_\_\_\_ Primary Email\* \_\_\_\_\_

Employer\* \_\_\_\_\_ Business Phone\* \_\_\_\_\_

Liberty University Online students who are eligible for tuition assistance directly from their employer and who are not required to submit proof of payment to receive it are eligible to apply for the Deferred Corporate Tuition Assistance (DCTA) program. Upon approval, the student must agree to have an initial draft of 1% of the total balance automatically withdrawn from their personal checking account or credit card upon completing Financial Check-In. The remainder of the balance will be withdrawn approximately 30 days after the end of the term using the same payment information provided during Financial Check-In. The student is ultimately responsible for any balance incurred (in accordance with the [Liberty University Catalog Policy](#)) regardless of employment status, changes in eligibility, or tuition assistance status. Textbooks and course materials can be purchased using a Book Voucher Advance of up to \$1,000.00 per semester if the employer covers these costs.

I agree to the terms and conditions above.\*

Employee Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

**NOTE: All fields with asterisk (\*) on this form must be completed in order for this agreement to be accepted.**

### Completed by Company Approver

Documentation of eligibility must be submitted with this form in order for the student to participate in the Deferred Corporate Tuition Assistance program at Liberty University. This documentation must include your employee eligibility and guidelines related to tuition assistance and should include an annual tuition assistance limit, if fees and books are included, and the requirements for students to receive tuition assistance.

I confirm that (Student Name)\* \_\_\_\_\_ is eligible to receive tuition disbursement directly from (Company)\* \_\_\_\_\_ based on employment guidelines.

Employment Status\*:  Full-time  Part-time Are Books covered?\*  Yes  No

Tuition Assistance Benefit Year\*:  Fiscal  Calendar Proof of payment required\*:  Yes  No

Tuition Assistance Benefit Renewal Date\*: \_\_\_\_\_ See note below before checking box

Tuition Assistance limits are based upon\*:  Dates of Tuition Disbursement  Course Dates

Approver Name\* \_\_\_\_\_ Title\* \_\_\_\_\_ Phone\* \_\_\_\_\_

Approver Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

***By signing this form, I certify that I am authorized by the employer to sign for this benefit.***

**Note: 1.** Any employer policy that requires a proof of payment to Liberty University prior to tuition assistance disbursement is not eligible for this DCTA program. Checking the **"Yes"** box will result in automatic denial of application. **2.** Checking the **"No"** box will contradict your policy if it requires proof of payment before tuition assistance funds can be disbursed to the employee. **3.** Company requirements for unpaid invoice are compatible with DCTA payment plan.