

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*** _____

Students enrolled in Liberty University Online Programs 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 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 Upon approval, the student must agree to have an initial draft of 1% of the total balance automatically withdrawn from their personal checking account or credit card upon completing Financial Check-In. The remainder of the balance will be withdrawn approximately 30 days after the end of the term using the same payment information provided during Financial Check-In.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 \$1,000 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 DCTA 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

See note below before checking box.

Tuition Assistance Benefit Renewal Date*: _____

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.