



EMPLOYER EDUCATIONAL ASSISTANCE AUTHORIZATION - FORM -

(This form is only for employer reimbursement.)

Return Form To: Webster University Business Office WH 101 470 E. Lockwood Ave. St. Louis MO 63119 Fax: 314-963-6105

Employee Name (Last, First, Middle): Employee Social Security Number(not required): Employee Address: Employee City, State, Zip:

This is to confirm that the above person is employed at; and is entitled to tuition reimbursement payable to the employee, for successfully completing an approved course at Webster University.

Our company policy is to make payment only to the employee. The employee is responsible for payment of their Webster University account and understands that the account must be paid within three weeks after the session has ended in order to obtain confirmation of their registration for the next session.

Specifics of the Educational Assistance Program: Enrollment Session Required Grade Number of Credit Hours Tuition Reimbursement Amount Class Fees Reimbursed

Contact the Webster University Business Office at 1-800-981-9803 if you have any questions regarding our Educational Assistance Program.

(Employer's Authorized Person - Printed Name/Title) (Phone Number) (Employer's Authorized Person - Signature) (Date) (Employee Signature) (Date)