

**UVA WISE**  
**EDUCATION BENEFIT TUITION DEFERRAL FORM**

This form must be submitted to the Cashier's Office to defer tuition payment until the Education Benefit is received from UVA. It is the responsibility of the employee to pay the tuition costs to the Cashier's Office within three days of receipt of the benefit, or in the event the benefit is denied.

**Employee Name** \_\_\_\_\_ **Last 4 digits of SSN** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date applied for Education Benefit** \_\_\_\_\_

*(You must apply for the Education Benefit **before** tuition can be deferred)*

**COURSE/TUITION DETAILS**

Course #	Course Title	Institution	Course Credits	Tuition Cost

Central Funding (\$2,000 per calendar year) \$

Department Funding \$

Employee Funding \$

**Total amount deferred** \$

I, the employee, acknowledge that I have read and understand the Education Benefits Policy. I agree to pay my tuition costs to UVA Wise within three days of receipt of the Education Benefit from UVA. If my Education Benefit is denied I understand that I must pay the tuition immediately.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cashier's Office Approval

\_\_\_\_\_  
Date