

**Student Financial Services**

3690 East Avenue

Rochester, NY 14618

Phone: (585) 385-8042

Email: sfs@sjf.edu

Payment/Reimbursement from Employer Plan (PREP) Fall 2025

*PREP forms must be submitted to Student Financial Services by the due date on your bill
The amount deferred under this agreement is due January 16, 2026*

The Payment/Reimbursement from Employer Plan, or PREP, enables students to defer the amount of tuition and fees their employer will pay. **PREP is only available to students who are in good financial standing with the University and who receive tuition reimbursement from their employer after grades are submitted.** Proof of employment and company policy detailing tuition reimbursement may be required. Qualified students eligible for the PREP deferment will not be required to submit payment of the deferred amount until the semester has ended and grade reports are available. The deferment date for Fall 2025 is **January 16, 2026**. Students will be required to submit payment to the University by this date regardless of whether or not they have been reimbursed by their employer.

If Student Financial Services does not receive payment for the deferred balance in full by January 16, 2026, a **late fee of \$200.00** will be assessed to your student account. St. John Fisher reserves the right to rescind or refuse this deferment option if the University is notified that the student is no longer eligible to receive tuition benefits or if the student failed to abide by the terms of the PREP agreement in a prior term. Failure to earn a required minimum grade in order to receive payment from an employer and/or withdrawal from a class does not excuse the student from being charged all applicable tuition and fees for the semester. Withdrawal from all courses for a term will result in the PREP form being voided and any resulting balance would be due immediately.

The amount that is being deferred by the PREP form will not show as a payment on your account. **If you are borrowing loans, a refund check will not be issued until an actual credit balance exists on your account.**

At the option of St. John Fisher, any or all, of the following may be applied to past-due deferred amounts on student accounts.

- 1) St. John Fisher reserves the right to prevent registration in subsequent terms or to de-register students from classes in subsequent terms if the deferred amount is not paid in full by the PREP due date above.
- 2) Accounts that have not been paid in full 30 days after the due date above may be reported to a credit bureau and/or assigned to a collection agency. The student agrees to pay all reasonable collection costs, including attorney fees and other charges necessary for the collection of any amount not paid when due.
- 3) Students who have not paid the deferred amount on their student account in full by the PREP due date will have a hold placed on their student account.

Acknowledgement

By the presence of my signature below, I acknowledge that:

- 1) I understand that under this agreement, payment of the amount deferred is due to St. John Fisher by January 16, 2026.
- 2) I understand that St. John Fisher may cancel this agreement at any time, for any reason.
- 3) I understand and agree to comply with the terms of this PREP form.
- 4) I understand that any unpaid balance will be considered a legal debt until paid. Any balance due will be considered non-dischargeable under the federal and state laws governing bankruptcy.

Student's Name _____ Student ID @ _____ Date _____

Student Signature _____ Phone Number _____

Employer Verification

The employer must complete this section in order for the student to defer their tuition based upon the student receiving payment or reimbursement from your organization. St. John Fisher reserves the right to verify this information with the employer. If your organization pays tuition based upon direct billing this form should NOT be used - please submit an authorization to bill you directly and instruct the student to contact Student Financial Services.

Student is eligible for reimbursement of \$ _____ or _____% of Tuition and Fees or Tuition Only
Circle One

Company Name _____

Name of Authorized Representative _____

Company Address _____

Title of Authorized Representative _____

Signature of Representative _____

Phone Number _____

Date _____

E-Mail Address _____