



Office of Financial Aid
Student Services Building
556 East Circle Drive, Room 252
WEB: www.finaid.msu.edu
E-MAIL: finaid@msu.edu
PHONE: 517-353-5940
FAX: 517-432-1155

EMPLOYER REIMBURSEMENT FORM 2016-2017

NAME: _____
PID: _____
DAYTIME PHONE #: _____
LOCAL ADDRESS: _____

The Office of Financial Aid requires that you provide the information requested below in order that your application for financial assistance can be processed.

Please complete the following and return to the Office of Financial Aid:

- No, my employer has no tuition reimbursement program.
- Yes, I am eligible for tuition reimbursement through my employer.

Amount of Reimbursement:

If you checked yes, please provide details of your employer-paid tuition reimbursement program above (i.e., percentage of tuition and/or books covered and period of eligibility). Also, list daytime phone number where you may be reached in case there are questions concerning your benefits.

Be certain to keep copies of everything you submit to us.

All correspondence and forms submitted to the Office of Financial Aid should include your name, Social Security Number, student number (PID) and local address. Failure to supply the required information within 30 days of the date of this letter may prevent processing of your financial aid or cause us to bill back any aid you have already received. PLEASE NOTE: Awarding of all financial aid is contingent upon the availability of funds.

If you have any questions regarding the status of your application for aid, please write to the address above or send an email to Cindy Osborne at osborn51@msu.edu.

Student Signature _____