

# TRINEONLINE

## Employer Assistance Procedures

1. All students who receive employer assistance MUST fill out this form and submit to the Business Office.
2. If at any time you are no longer employed with your company, please notify the Business Office. Any remaining balance at that time will be due immediately. **YOU ARE RESPONSIBLE FOR MAKING SURE YOUR BILL GETS PAID.**
3. You must provide a copy of your billing invoice to your employer for payment.  
**TRINE UNIVERSITY DOES NOT BILL YOUR COMPANY DIRECTLY.**
4. Payment is expected from your employer within 30 days of grades being received (for each term). Any remaining portion is the student's responsibility, and is due by the start of the semester. If payment is not received within the specified time, monthly late fees will apply, you will not be allowed to register for the next semester, and you will not be allowed to receive your diploma or transcripts.
5. Students must pay the Bookstore directly for books.
6. If you have any questions regarding the employer assistance procedures, please contact Tammy Steele in the Business Office. Completed employer assistance forms can be mailed to our office, or sent to the email address below.

Trine University  
Attn: Business Office  
One University Avenue  
Angola, IN 46703  
[steelet@trine.edu](mailto:steelet@trine.edu)  
(260) 665-4292

### \*Please Note\*

You will appear "on hold" if there is a balance on your student account. To alleviate this "hold" status, you may pay up front for your classes in full and let your employer reimburse you directly.

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### Employer Assistance Form

Printed Name: \_\_\_\_\_ Semester(s) Coverage for: \_\_\_\_\_  
(Ex. Fall 2017; Spring 2018; & Summer 2018)

Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Contact Signature: \_\_\_\_\_ Title: \_\_\_\_\_

I \_\_\_\_\_ authorize discussion of my account with my employer's representative.  
(student signature)

Payment will be made to (please mark one): Trine University \_\_\_\_\_ Student \_\_\_\_\_

Company Criteria required for reimbursement: \_\_\_\_\_  
(grade point average, number of credits, maximum annual amount, etc.)

**The Employer Assistance form must be filled out each academic year.**

Revised 7/17/17