Tuition Deferment Application:
Graduate and Adult Student Programs

Semester:_____ **Year:**

Student Name: _____ **CWID#**_____

Student Address_____

Home Phone:_____ **Work Phone:**

Please list courses and

TO BE COMPLETED BY EMPLOYEE

Employee's Company Name: _____

Company Address: _____

Email Address: _____

Employee's Title: _____

I,_____, promise to pay Marist College the balance of my account for the semester indicated on this form by its due date (30 days after professors are required to submit grades) regardless of whether or not I have been

_____