

**Clarkson Option Payment Plan —  
Employer Reimbursement (C.O.P.P.E.R.)  
Authorization & Statement of Understanding for employees  
of Nebraska Medicine**



I am employed in the \_\_\_\_\_ department at Nebraska Medicine, where I qualify for the Tuition Reimbursement program. Therefore, I request a payment date extension for my tuition for the current term, summer 2019. **This form will not be accepted after the third week of classes.**

To participate in the C.O.P.P.E.R. program, I understand that I must, without exception, complete the steps below:

1. **Sign this Authorization and Statement of Understanding form.** Submit the completed form to the Clarkson College Student Accounts department prior to the start of the semester.
2. **Upon availability of my summer 2019 semester grades,** I must submit a completed Application for Tuition Assistance form (available through Lawson) along with a copy of my Clarkson College grades and tuition billing statement (available through Self-Service) to the Human Resources office at Nebraska Medicine. **After reimbursement from Nebraska Medicine, any remaining balance on my account will be paid in full within two weeks of grades being issued.**
3. **Employees must be in good standing.** Good standing is defined as receiving a merit eligible rating on the most recent performance appraisal (if applicable) and no first or second written corrective action within the past six months or no final written corrective action in the past year.

**I hereby authorize** Nebraska Medicine to send my tuition reimbursement check directly to Clarkson College. I understand that Clarkson College will apply the reimbursement directly to my student account to pay my tuition balance. If the reimbursement amount is more than the tuition balance, Clarkson College will refund the payment overage directly to me in the form of a refund check. If the reimbursement amount is less than the tuition balance, I agree to pay Clarkson College the difference in full **within two weeks** of grades being issued.

If I fail to meet the qualifications or requirements of the Tuition Reimbursement program and a tuition balance remains on my account two weeks after the semester ends, I authorize Clarkson College to deduct the tuition balance from my payroll disbursements through Nebraska Medicine. The balance will be paid directly to Clarkson College through payroll deduction in four equal deductions through four consecutive pay periods.

I understand that the Clarkson College Student Accounts department must grant approval of this request and that the College reserves the right to refuse acceptance into this program for any reason.

All student and financial information is held in strict confidence, and it will be used by Clarkson College and Nebraska Medicine only to facilitate the payment of my tuition balance with Clarkson College and to verify that I have met the qualifications for the Nebraska Medicine Tuition Reimbursement program. Clarkson College does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in admission, employment or the provision of services.

I hereby certify that I have read this Authorization and Statement of Understanding, and I agree to abide by the terms set forth in this document. I also certify that I have received an exact copy of this document.

_____ STUDENT SIGNATURE	_____ DATE	
_____ STUDENT PRINTED NAME	_____ DEPARTMENT	_____ WORK EXTENSION

Please return to the **Student Accounts office at Clarkson College** or fax to **402.552.6165**.