EMU
LANCASTER

Graduate Programs

Payment Information

Darla Shober, Coordinator of Student Financial Services

studentaccounts.lancaster@emu.edu **/ (fax) 717-397-5281**

1846 Charter Lane, Suite 212, Lancaster PA 17601

Please read carefully the following information regarding your financial student account and making payments to EMU.

1. **All correspondence** regarding billing, financial information, and your student account at EMU is done through your EMU email address. Please communicate any questions to Darla at the contact information above.
2. **Payment** for each course is due before or on the first day of class **unless other arrangements are made in advance**. Preferred method of payment is through our online portal, CASHNet, where you can use an online e-check (free) or a debit/credit card (2.75% processing fee) to pay. You may also pay at EMU with a personal check. **Please include your EMU ID# and the name of the course you are paying for.**
3. **Payment Plans** are on a per-semester basis and can be set up through CASHNet. There is a $35.00 enrollment fee per semester.
4. **MAED Students:** If your school district policy requires payment directly to EMU, please provide us documentation authorizing EMU to bill them directly as a third party.
5. All students complete the included Employer Information form and return to Darla at your earliest convenience.
6. **Any graduate student** taking five credits or more per semester may be eligible for financial aid. **Visit FAFSA** to apply for federal aid. For more information, please visit the EMU Financial Aid webpage. You must also complete the EMU Graduate Financial Aid Information Sheet (FAIS).

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EMU at Lancaster, 1846 Charter Lane, Suite 212, Lancaster, PA 17601
Employer Assistance Information
studentaccounts.lancaster@emu.edu
Fax # 717.397.5281

Student Name_____ EMU ID#_____

Program of Enrollment _____ Year/Term_____

Employer Name_____

Employer Address_____

Employer Contact Person _____ Phone_____ Email _____

☐ I am not eligible/will not receive employer assistance.

Indicate Company Educational Benefit Plan:

☐ Our company pays _____ per credit.

☐ Our company pays _____ per term.

☐ Our company pays _____ per year. (Academic/Calendar/Fiscal) ☐--Circle One

  Disbursement Cycle: _____

Notes _____

_____

_____   _____
Employer Signature   *Date*

I will submit reimbursement from my employer according to the due date on the grade invoice. I understand that I am responsible for any taxes withheld from my reimbursement by my employer.

_____   _____
Student Signature   Date