



## Graduate Programs

### Payment Information

Darla Shober, Coordinator of Student Financial Services

[studentaccounts.lancaster@emu.edu](mailto:studentaccounts.lancaster@emu.edu) / (fax) 717-397-5281

1846 Charter Lane, 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).



**EMU at Lancaster, 1846 Charter Lane, P.O. Box 10936, Lancaster, PA 17605**

**Employer Assistance Information**

[studentaccounts.lancaster@emu.edu](mailto: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

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\_\_\_\_\_  
*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