

**Edward Via College of Osteopathic Medicine  
Educational Aid Promissory Note**

The employee requesting educational aid is responsible for completing this form, attaching a document that explains why the courses listed herein are job related, and obtaining the signatures of his/her Division Officer and the Human Resources Director. By submitting this note, the employee also agrees to abide by the Edward Via College of Osteopathic Medicine’s (VCOM) Educational Aid Policy. Deadlines for submitting this note and related attachments are noted in the Educational Aid Policy. If this request is approved, VCOM will reimburse the employee for tuition and fees for approved educational courses listed below, and in accordance with the Educational Aid Policy and terms and conditions in this note.

Please note that undergraduate courses will be reimbursed at a rate not to exceed \$300 per credit hour, and graduate courses will be reimbursed at a rate not to exceed \$500 per credit hour. Both reimbursement rates include tuition and mandatory fees. The employee may apply for three courses per academic year, not to exceed three credit hours per semester or a maximum of nine credit hours per academic year, which may be reimbursed up to three courses within a fiscal year. However, in the case of lower tuition or accelerated programs, additional courses may be approved by the President.

List the name of each course and the ending dates for each course. Additional courses should be listed on a separate document attached to this note, if applicable.

<b>Course Name</b>	<b>Ending Date</b>
1) _____	_____
2) _____	_____

In consideration for \$\_\_\_\_\_ paid to \_\_\_\_\_ (name of college or university at which the employee is intending to enroll), I promise to pay VCOM the principal sum of \$\_\_\_\_\_ in full in the event that I do not remain continually employed with VCOM for three years from the ending date for the courses previously listed. The principal sum shall be paid to VCOM the day I terminate employment with VCOM.

The following terms also apply to this agreement:

1. Homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
2. If payment is not received in accordance to the above conditions and by the due date, I agree that the principal amount due can be deducted from my next payroll checks or any other sum due and payable to me from VCOM.
3. I agree to pay all associated collection costs and/or attorney’s fees and 12 percent interest in addition to the principal sum of this promissory note (note).
4. If I am employed by VCOM for a period less than three years, I agree to repay, on a pro-rata basis, the portion of this note, which is not fulfilled by the length of employment between the signing of this note and my termination date.

Continued on next page...

\_\_\_\_\_ Date

\_\_\_\_\_ Initial of Employee/Requestor

- 5. I agree to submit a grade report and a payment receipt from the college or university at which I completed the courses to receive reimbursement from VCOM for these courses. I also agree to submit a reimbursement request only if I earn the minimum passing grade noted in the Educational Aid Policy. Furthermore, I understand VCOM may not approve future requests for educational aid if I am not making satisfactory progress in prior course(s) for which VCOM has paid or in my program of study.
- 6. In the event of death or approved disability, this note may be cancelled at the option of VCOM's Provost or President.

The parties execute their acceptance of these terms by signing below.

\_\_\_\_\_  
Date                      Signature of Employee/Requestor                      \_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date                      Signature of Employee's Supervisor                      \_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Date                      Signature of Division Officer                      \_\_\_\_\_  
Printed Name of Officer

\_\_\_\_\_  
Date                      Signature of HR Director                      \_\_\_\_\_  
Printed Name of HR Director

\_\_\_\_\_  
Date                      Signature of President                      \_\_\_\_\_  
Printed Name of President