FREDERICK COMMUNITY COLLEGE IN-COUNTY TUITION RATE AGREEMENT

,	This Agreement r	nade and entere	d into the	day of		20	b	y and b	etwee	en Fred	łerick
(Community	College,	hereinafter	referred	to	as harainaftan	the		ollege		and
-	which maintains f In consideration of the Employer agre	of the mutual pro			ner goo	hereinafter od and valual					-
	I.College's Response The College a										
	A. To pr upon B. Unles appro	ovide education by the College a ss otherwise agraved by the Bose ered in the same	and the Employe eed in writing, ard of Trustees	er. the College wi s and normally	ll char	ge the fees	equivalen	t to the	tuiti	ion and	d fees
II.	Employers Res The Employer										
	 A. That in order for the Employer to qualify for the In County Tuition Rate Agreement, the Employer certifies that they are a Frederick County business and that they offer their Employees a Tuition Reimbursement Program. B. That the Employee will be enrolled in credit or noncredit classes which will benefit the Employer. C. That the tuition and fees charged by the College pursuant to paragraph I.B. of this Agreement will be paid directly to the college by the Employer or the Employee in accordance with the Employer's tuition reimbursement program. 									uition e paid	
	D. The O	College must re shed deadline in	ceive payment,			•					
III.	College Policie	s and Procedure	es								
	any other Higher E	exception of pay student in accor ducation Comm nt, the College re	dance with Collaission. In the	lege policies and event that the	d proce Emplo	dures and the	e general honor it	policie	s of th	he Mar	yland
	In order	to receive these	benefits, the E	mployer must s	select o	one of the fo	llowing t	wo opti	ons:		
	Stude the O numb of the The e establ Empl the E Huma	loyee to Pay FO ent Account's Of rganization stati er(s) and course employee and be employee must p lished in the Coll loyer to pay FO mployer's letter an Resources of ization. Each let	ffice each seme ng that the stud title(s). Any co billed at rates across all tuition and lege's schedule. CC: At the time thead "letter of or the Presiden	ster signed by the lent is an active urses not covered cording to the stand fees at the time of registration intent" to the stand of the Organical cordination intent to the standard cordination intent to the standard cordination intent to the standard cordination in the standard co	he Dire emplo ed by the udent reme of the en Student nization	ector of Hun byee. The lender letter of interested polymeregistration of mployee must Account's n with specific	nan Resorter must atent will icy. or before t submit of Office significations.	contain be the s the dea each sea gned by	r the appropriate	Preside roved c responsi e date t er a lett Direct billing	ent of course ibility hat is ter on tor of g the

letter of intent will be the sole responsibility of the employee and billed at rates according to the student residency policy. The employer agrees that payment is **not** contingent on the employee receiving a

passing grade, receiving financial aid, or completing the course.

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Please select all categories that will be	paid by the employ	yer on the employee's behalf.							
Tuition & All Course Fees		Books							
If not covering all Course Fees, please	overing all Course Fees, please select the fees covered from the following list:								
Tuition Consolid	dated Fees	Student Activity Fee							
Other Course Related Fees, Plea	ase Specify (i.e. M	MCSE, Music, etc.)							
This agreement will become effective upon approva terminated. Either Party may terminate this agreement effective after the completion of the current courses.	al by the Employe	er and the College and shall continue unt							
Any changes or additions shall not become binding upparties. This Agreement, when fully executed, shall surin writing, with respect to the subject matter in this Agr	persede any and a	ll prior and existing agreements, either oral o							
Email completed agreement to <u>studentaccounts@frederapproved</u> , a letter of intent can be hand delivered, faxed office at <u>studentaccounts@frederick.edu</u> .									
Employer's Name		Telephone							
Employer's Business Address	City, State, and Z	Zip County							
Employer's Federal Tax Identification Number:									
Employer's Authorized Representative (Print)	Title	Signature							
Employer's Contact information (Email Address _								
This agreement has been approved by Frederick Community College									
Jane E Beatty		Date							
Director of Student Finance/Bursar Frederick Community College									
External Org ID:									