UNIVERSITY of ROCHESTER

Office of the Bursar

Payment Agreement for Full-time Undergraduate Nursing Students

Please complete this **Tuition Repayment Promissory Note** and return to the Bursar's Office at the address below.

Student Name: _____ Student ID: _____
First Middle Initial Last

Billing Address: _____
Street Apartment #

_____
City State Zip

Phone: (_____) _____ (_____) _____ E-mail _____
Day Evening

All bills will be sent in the student's name. **We do not accept faxed copies**.

PAYMENT OPTIONS:

☐ 1. **Monthly Payment Option:** A $25 Administrative Fee will be charged to your account each semester.

☐ 2. **Semester Payment Option:** One payment for each semester.

For students enrolling as of January 2010			
	Spring 2010 due dates:	Summer 2010 due dates:	Fall 2010 due dates:
Single payment	1/10	6/10	8/10
Monthly payment	1/10, 2/10, 3/10	6/10, 7/10	8/10, 9/10, 10/10, 11/10
For students enrolling as of May 2010			
	Summer 2010 due dates:	Fall 2010 due dates:	Spring 2011 due dates:
Single payment	6/10	8/10	12/10
Monthly payment	6/10, 7/10	8/10, 9/10, 10/10, 11/10	12/10, 1/10, 2/10, 3/10

I certify that I have read and understand the description of the payment options, and that I agree to the terms of the Agreement. I certify that I am financially responsible to the University of Rochester for all charges incurred during the time I attend the University, and that this Agreement will remain in effect for that period. **I understand that the payment option selected is applicable only to tuition and required fees, and that all other charges will be due in full by the due date indicated on my monthly statement.**

I understand that the University must receive the full amount on or before the due date, and that if full payment is not received by the due date, the University will assess a monthly late payment fee of 1% of the amount past due. I understand that I am responsible for notifying the Bursar's Office if my billing address changes at any time. I understand that I am responsible for any late payment fees resulting from delays in the delivery of my bill. **Payment must be in U.S. dollars.**

I further certify that should my student account not be kept current in accordance with this Agreement, any past due amount will be considered an unpaid educational loan/benefit that needs to be repaid as expeditiously as possible. I further understand that the University may curtail my ability to register for future semesters, as well as to obtain transcripts, diplomas, and on-campus housing. I acknowledge the University's right to assess collection and legal fees should my student account remain unpaid at the time I leave the University. I understand that I am obligated to pay any tuition, fees, collection or legal costs on my account.

Title IV Authorization (for student receiving Federal Loans and/or Grants)

I authorize the University of Rochester to apply my federal Title IV financial aid toward all charges on my student tuition account for the period during which I remain enrolled at the University of Rochester. In addition to tuition, fees, room, and board, I authorize the use of these funds to cover all additional charges such as telephone, room damage and late payment fees, if any. I understand this authorization is effective as of the date received by the University, and remains in effect during the entire period I am enrolled at the University of Rochester or until such time that I cancel this authorization. I further understand that I may cancel this authorization at any time, and that the University may use Title IV funds to pay for previously authorized charges that were incurred before I canceled this authorization. Authorizing the use of federal aid to cover all charges will help to ensure clear financial standing with the University of Rochester.

☐ **YES**, I authorize ☐ **NO**, I do not authorize

➢ _____ _____
Student Signature **Date**

P.O. Box 270037
Rochester, New York 14627-0037
e-mail: bursar@admin.rochester.edu
(585) 275-3931