UNIVERSITY OF
ROCHESTER

Office of the Bursar

Non-Matriculated

Payment Agreement

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

Note: You must complete this agreement even if you are a University employee eligible for a tuition benefit.

Student Name: _____
First Middle Initial Last

Student ID#: _____

Billing Address: _____
Street Apartment #

_____
City State Zip

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

PAYMENT SCHEDULE: Tuition and fees, net of financial aid credits, are due as follows:

Fall Semester:	50% at registration, balance by October 10
Spring Semester:	50% at registration, balance by February 10
Summer Session(s):	payment due in full at registration

I certify that I have read and understand the description of this Payment Agreement, 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 schedule listed above 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.

Student Signature _____ Date _____

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