

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

**Bursar Statement: Full or Part-time Matriculated Graduate Students
(585) 275-4672**

| | |
|---------------|---|
| NAME _____ | Intramural Box Number _____ |
| ADDRESS _____ | #/UID _____ |
| _____ | |
| PHONE # | Home _____ Office _____ |
| DATE _____ | ACADEMIC YEAR: Sum 2009 _____ Fall 2009 _____ Spring 2010 _____ |

Please check off one of the plans below

Self –Pay: _____ Check attached _____

Please indicate your student ID number on your check, and make payable to the University of Rochester

Student Loans _____

UR Employee Tuition Benefit _____

Office use only

Employee Reimbursement _____ (see instructions below)

Empl Plan (30) _____

Third Party Billing _____ (see instructions below)

Late Reg (150) _____

Department Grant _____

Paymt Received _____

Credit card payments can only be made using the online UR ePay system, available through your BlackBoard student access.

EMPLOYER REIMBURSEMENT PLAN: *(Available for Fall and Spring Terms only)* If your employer has agreed to reimburse you at completion of the term, please attach documentation from your employer to the Bursar's Statement. Your \$30.00 check must be attached to your completed form. You will be billed in September with payment due in January and/or billed in January with payment due in May. Students anticipating graduation must pay their term bill by April 15th, thus satisfying your financial commitment prior to graduation.

Employee Reimbursement Plan Fee Amount: \$30.00 Check _____

THIRD PARTY BILING PLAN: If your bill is to be paid by a third party which must be billed directly, attach a note to your Bursar's Statement giving the complete billing address. You are still responsible for paying the bill on time: third party payments received after the bill is paid will be refunded to you.

Please forward to:
Bursars Office
G-7522A
P.O Box 601
Medical Center