



Office of the Bursar

PREPAID TUITION PLAN AGREEMENT – School of Medicine and Dentistry

AGREEMENT made as of, _____ between the University of Rochester School of Medicine and Dentistry (the "SMD") and: _____ (the "Participant")

_____ Street and Number City State Zip Code

concerning tuition of: Name: _____ (the "student")

University ID # _____

who will be a 1st year 2nd year 3rd Year

student in the University of Rochester School of Medicine and Dentistry.

The student has 8 6 4 qualifying semesters remaining in the School of Medicine and Dentistry, commencing with the **Fall semester 2011**.

The University's current tuition rate for the school of enrollment is **\$21,550** per semester.

8 semesters = \$172,400 6 semesters = \$129,300 4 semesters = \$86,200

The prepayment due date for incoming students is **August 10, 2011**, if enrolling as of the fall 2011 term. The prepayment due date for returning students is also **August 10, 2011**.

1. **The Plan**

The University will accept prepayment in full of the above student's tuition until graduation at the tuition rate in effect for the next full academic year (the "Current Tuition Rate").

The Plan is offered for medical students enrolled full-time in School of Medicine and Dentistry.

Students must have remaining prior to graduation not less than four (4) nor more than eight (8) semesters commencing with the next full academic year (the "Qualifying Semester").

2. **Prepayment**

On or before the Prepayment Due Date stated above, the Participant will pay to the University an amount equal to the current tuition rate multiplied by the number of qualifying semesters as stated above. This amount is the "Total Prepaid Tuition". The University will accept, on or before the applicable date, the Total Prepaid Tuition as payment in full of the student's tuition in the School of Medicine for the qualifying semesters. Participant's prepayment covers only basic tuition charges as set by the University from time to time. Other University charges, such as health fees, various student fees, equipment rental fees and book charges and non MD tuition charges for electives and degree programs, will be payable in accordance with the University rules as set from time to time. Prepayment must be made by check or wire transfer. The University is unable to accept payment by credit card for this purpose.

3. **Additional Tuition Charges for Special Programs**

The full prepaid tuition option covers the cost of eight semesters of medical school tuition (or, if applicable, six or four semesters) completed within five years of the initial semester of matriculation. If the student participates in any additional SMD or University special programs which require additional semesters or tuition charges, the student will be billed the tuition rate for that special program that is in effect for that current academic year. The student will be expected to pay that tuition bill in accordance with timelines applicable for all SMD students that given semester. This would apply to

the Continuation of Enrollment fee for students participating in a research fellowship, Extended Time fee for students requiring more than eight semesters of study (prepaid by this agreement) and tuition charges for additional degrees sought in combined degree programs.

4. **Leave of Absence**

If the student takes a long term or medical leave of absence, the Participant may request and receive a refund of the unused balance of the prepaid tuition, for future qualifying semesters, and thereby withdraw from the Plan. In the alternative, the Participant may elect to continue to participate in the Plan for leaves of absence that do not exceed one year, in which case the University will retain the unused balance. The Current Year Tuition will not apply to future semesters if the leave of absence exceeds one year.

5. **Withdrawal or Expulsion**

If the student withdraws permanently or is expelled from the University, the prepaid tuition for the semester during which such action occurs will be applied and, in certain cases, refunded in part, in accordance with the SMD general rules concerning tuition refunds. Prepaid tuition for all future qualifying semesters will be refunded to Participant within 30 days after the student's withdrawal or expulsion becomes final.

6. **Funds and Refunds**

The total prepaid tuition shall belong to the University exclusively from and after its receipt. Participant's rights are limited to the right to receive refunds provided in this agreement, without interest. The University shall deduct any tuition or non-tuition charges in accordance with Department Of Education regulations prior to releasing residual funds.

7. **Concerning this Agreement**

If any part of this agreement is held to be invalid under any law, all other parts of this agreement shall not be affected. This agreement shall be governed by and construed in accordance with the laws of the State of New York.

The rights and privileges of the University thereunder shall insure to the benefit of its successors and assigns, and the duties and obligations of participant(s) shall bind the heirs, personal representatives, successors and assigns of participant(s). The benefits of this agreement are not assignable to any student other than the "student" named herein. The parties here have entered into this agreement as of the date appearing at the beginning hereof.

Participant(s) and Student*

Signature: _____ **Date:** _____

Print Name: _____

Signature: _____ **Date:** _____

Print Name: _____

Signature: _____ **Date:** _____

Print Name: _____

Accepted by the University of Rochester

Signature: _____ **Date:** _____

Name & Title: Peg Ehmann, School of Medicine and Dentistry Bursar

*The student must also complete and submit a signed SMD Payment Agreement.