University of Rochester School of Medicine and Dentistry

Student Payment Agreement

Please complete this form 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 UID#: _____

Billing Address: _____
Street Apartment #

_____
City State Zip

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

PAYMENT OPTIONS (please select one):

☐ 1. **Self Payment Option.** Payment for Registration is due in full at the time of Registration. If I intend to pay with student loans, scholarships or grant, I understand that my signed Award Notice must be returned to the Financial Aid Office.

☐ 2. **(Non-UR) Employee Reimbursement Option.** I understand that I must attach a $30 check and documentation of my employer's tuition reimbursement plan to my registration forms. Payment will be due January 10 for the fall semester and June 10 for the spring semester.

☐ 3. **UR Employee Reimbursement Option.** I understand that I must attach a copy of my approved Employee Tuition Waiver Benefit form to my registration. I further understand that I am subject to all of the policies governing the UR Employee Tuition Benefit Program.

☐ 4. **Fully Funded Option.** I understand that I will be responsible for any charges on my account that are not covered by my fellowship.

I certify that I have read and understand this Payment Agreement, and that I agree to its terms. I certify that I am over 18 years old and financially responsible to the University of Rochester for all charges assessed by the University whether or not a third party (including but not limited to my employer) has promised to pay some or all of those charges.

I understand that the University must receive the full amount on or before the due date specified by the option I have chosen, 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, which I agree to pay. I understand that **Payment must be in U.S. dollars.** 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. I acknowledge that any past due balance is considered an education loan/benefit.

I further certify that should my student account not be kept current in accordance with this Agreement, the University may not permit me to register for future semesters, to obtain transcripts and diplomas or to receive other benefits if my account is past due. I acknowledge the University's right to assess collection fees should my student account remain unpaid for more than three months or at the time I leave the University. I understand that I am obligated to pay those fees.

_____ _____
Student Signature **Date**