

# University of Rochester School of Medicine and Dentistry

Bursars office Medical Center 601 Elmwood Ave, PO Box 601, Rochester NY 14642 585- 275-4672

## Matriculated and Non- Matriculated Grad Student

TERM: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year: 2016- 17

Check one: Matriculated \_\_\_\_\_ Program? \_\_\_\_\_ Non-Matric \_\_\_\_\_

Name \_\_\_\_\_ UID# \_\_\_\_\_  
*Please Print*

Address \_\_\_\_\_ Phone: \_\_\_\_\_ (Home/Cell)

Email: \_\_\_\_\_

### Payment Method – Please check one

Self Pay: \_\_\_\_\_ Check attached \_\_\_\_\_ Covered by Financial Aid \_\_\_\_\_

**UR Employee Tuition:** \_\_\_\_\_ Tuition forms must be submitted to Benefits. Amount not covered by benefits is due at time of registration. Checks are accepted at the Bursars office. E-check payments can be made online through BlackBoard student access. **Check attached** \_\_\_\_\_

**Employee Reimbursement:** \_\_\_\_\_ (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 \$40.00 check must be attached to your completed form. You will be billed in October with payment due in January and/or billed in February with payment due in May. Students anticipating graduation must pay their term bill by April 15<sup>th</sup>, thus satisfying your financial commitment prior to graduation.

**Third Party billing:** \_\_\_\_\_ if your bill is to be paid by a third party which must be billed directly, attach a note to this form 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. Any exception to this policy must be cleared in advance with Peg Ehmann, Bursar (G-7522B)

**Fully Funded:** \_\_\_\_\_ I understand that I will be responsible for any charges on my account that are not covered by my fellowship.

### *Please sign Tuition Repayment Promissory Note*

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

**Not valid without signature**