



Fontbonne University
Summer 2020 Financial Responsibility Agreement

(Please initial next to each statement after reading)

PAYMENT OF FEES/PROMISE TO PAY

_____ I understand that when I register for a free summer course(s) at Fontbonne University, I agree to enroll as a full time student and maintain full time status at Fontbonne University through the Fall 2020 term. If I do not maintain full time status for the Fall 2020 term, I accept full responsibility to pay all tuition, fees and other associated costs assessed for that (those) summer courses. I further understand and agree that my registration and acceptance of these terms constitutes an agreement in which Fontbonne University is providing me educational services and I promise to pay for all assessed costs.

_____ I understand and agree that if I drop or withdraw from some or all the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund policy and need to so notify the Registrar. I have read the terms and conditions of the published tuition refund schedule and understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

WITHDRAWAL

_____ In the event I need to withdraw from all or some of my courses within the semester, I understand I must first contact my advisor and must notify the Registrar and complete the appropriate form to successfully complete this process.

FINANCIAL AID

_____ I understand that aid described as “estimated” on my Financial Aid Award does not represent actual or guaranteed payment, but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program.

_____ I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class, and maintaining satisfactory academic progress, for which my financial aid eligibility was calculated. If I drop any class before completion, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked. Furthermore, I understand that my Financial Aid is subject to change from year to year depending on my FAFSA results, GPA, etc.

_____ If some or all my financial aid is revoked because I dropped or failed to attend class, or failed to maintain satisfactory academic progress, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

DELINQUENT ACCOUNT/COLLECTION

_____ Financial Hold: I understand and agree that if I fail to pay my student account bill or any monies due by the scheduled due date, Fontbonne University will place a hold on my student account, preventing me from registering for future classes, receiving transcripts, and receiving my diploma.

_____ Late Payment Charges: I understand and agree that if I fail to pay my student account bill or any monies due by the scheduled due date, Fontbonne University will assess a late fee of \$25.00 per month until my past due account is paid in full.

_____ Collection Agency Fees: I understand and accept that if I fail to pay my student account bill or any monies due to Fontbonne University by the scheduled due date, and fail to make payment arrangements acceptable to Fontbonne University to bring my account current, Fontbonne University may refer my delinquent account to a collection agency. I further understand that if my account is referred for collection that I will be responsible for paying a collection fee based on a percentage at the maximum rate allowed by state and federal regulations along with all cost and expenses, including court costs and reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

METHOD OF BILLING

_____ I understand that Fontbonne University mails out statements as its official billing method, as well as provides electronic notification via email to Fontbonne student email accounts; therefore, I am responsible for reviewing and paying my student account by the scheduled due date listed on the statement. I further understand that failure to review my bill does not constitute a valid reason for not paying my bill on time. Updated statement information is also available online through the student portal.

_____ I understand that administrative, clerical or technical billing errors do not absolve me from my financial responsibility to pay the correct amount of tuition, fees and other associated costs assessed as a result of my registration at Fontbonne University.

COMMUNICATION

_____ I understand and agree that I am expected to set up a University email account for use during the time in which I am enrolled at Fontbonne University and that all communication will be sent to this University email.

_____ I understand and agree that I am responsible for keeping Fontbonne University records up to date with my current mailing address, email addresses, and phone numbers. Furthermore, I understand that failure to do so does not absolve me from my financial responsibilities.



COMPLIANCE WITH STUDENT LOAN RULES AND EXIT COUNSELING

_____ I understand that, if I receive student loans guaranteed by the federal government, I must comply with the governing rules for those loans, which includes but is not limited to repayment and exit counseling as it pertains to my obligations to repay the loans upon completion of my studies at Fontbonne.

Student Printed Name: _____

Student ID #: _____ Student Date of Birth: _____

Student Signature: _____ Date: _____