

STATEMENT OF FINANCIAL RESPONSIBILITY

Student Name: _____

Please Print

Address: _____

City: _____ State: _____ Zip: _____

Telephone/Cell #: _____ E-Mail Address: _____

I understand that upon registering for classes at Clarkson College, I become financially responsible to pay all charges for tuition, fees and on-campus housing (if applicable). I understand it is my responsibility to know the tuition payment due date and pay my account balance by this date each semester.

(1) Statements: Tuition billing statements are NOT mailed. I understand that it is my responsibility to be aware of my student account balance and to view my student account on-line through Self Service.

(2) Financial Aid: If I am a financial aid recipient, I understand that most funds will be disbursed directly to my student account. If a balance remains on my student account after financial aid is applied or if I fail to obtain financial aid, I understand I must pay my student account balance by the tuition payment due date each semester.

(3) Payment Plan: If I am unable to pay the entire balance of my student account by the tuition payment due date, I must contact the Student Accounts Office and sign a payment plan approved by the Student Accounts Manager. Payment plans must be approved prior to the payment due date.

(4) Withdrawal from Classes: I understand that if I withdraw or drop a class after the 100% tuition refund period and there is a balance due on my student account, this balance must be paid in full upon withdrawal. If my withdrawal from a class or classes causes a portion or all of my financial aid to be returned to the source from which it originated (i.e. federal government, lender or other) I understand my student account will be charged for the returned funds and I am responsible to immediately pay the balance in full.

(5) Changes in Registration: A Fee will be charged to my student account for changes in my registration (Add/Drop/Withdrawal) beginning the Second week of the semester.

(6) Late Payment: I understand that a past due balance may be subject to a minimum of four late payment fees per semester. In addition, a hold may be placed on my account which may prevent access to my transcripts or ability to register for future semesters. Past due balances are subject to further collection activity including possible placement with a collection agency.

I understand that if I do not pay my student account balance in accordance with the terms above, I may be responsible for all costs of collection including but not limited to late fees and litigation expenses in accordance with the statutes of the State of Nebraska.

I have read and agree to adhere to the terms and conditions of this Statement of Financial Responsibility. I have retained a copy of this document for my records.

Signature of Student: _____ Date: _____