



*Georgetown University Law Center
Office of Student Accounts*

DEFERRED PAYMENT REQUEST – SUMMER 2009

PLEASE NOTE:

- 1) You must clear any previous unpaid balance on your student account before filing this form.
- 2) This form must be filed by the tuition due date.

I am requesting to defer payment of \$_____ of my tuition and any subsequent fees on my student account with the understanding that by the act of enrolling in one or more courses I assume full liability for the appropriate tuition and other charges whether or not the course(s) is completed.

PROMISORY NOTE

I hereby promise to pay the amount of \$_____ and any subsequent fees, subject to the University's approval of my application, and I understand that the deferment will bear the interest of the rate of 1.75% per month. I understand that deferral of this payment will carry a \$50 administrative fee. I also understand that although I have paid the tuition deferment fee, any unpaid Balance Due on my student account including tuition will bear an interest rate (service fee) of 1.75% per month beginning with the June 1, 2009 billing date. I promise to pay the account balance on or before June 27, 2009, the applicable Deferred Payment Due Date. I understand that if I paid my account balance in full by June 27, 2009, the service fee will be waived. I understand that if my account balance is not paid by June 27, 2009, I agree further to pay the late payment fee of \$60, including all service fees assessed on my account. I understand that, in accordance with University policies, my registration for any subsequent semester may be disallowed or canceled until all amounts due have been paid. In addition, diplomas, transcripts, bar certificates, certificates of graduation, enrollment certifications, and/or other certifications of any kind will not be released until all amounts due have been paid. I agree to pay all costs of collection, including reasonable attorneys' fees, incurred in the collection of this note.

I have read and agree to the terms of the tuition deferment.

NAME: _____ GoCard# or SSN: _____

ADDRESS: _____

E-Mail: _____ Phone: _____

Signature _____ Date _____

FOR OFFICE USE ONLY:

Action: Approved Denied

Signature _____ Date _____