Georgetown University Law Center
Office of Student Accounts
EMAIL: Myaccount@law.georgetown.edu

DEFERRED PAYMENT REQUEST – SPRING 2024

PLEASE NOTE:
1)   You must clear any previous semester's unpaid balance on your student account before filing this form.
2)   Submit this form by the tuition due date, January 9, 2024
3)   Full payment of account balance is due by/on January 30, 2024. If paid by January 30, late payment fee and January service charge will be waived.
4)   Non-refundable Administrative Fee of $50 will be charged to student's account.
5)   Unpaid account is subject to $60 late payment fee, and 1.75% monthly service charge.

PROMISORY NOTE

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.

I hereby promise to pay the amount of $_____ and any subsequent fees, subject to the University's approval of my application. I understand that although I have paid the tuition deferment fee, any unpaid Balance Due on my student account including tuition will bear a service charge of 1.75% per month. **I promise to pay the account balance by the applicable payment due date, January 30, 2024 as stated above to avoid additional assessment of service charges and account hold.** 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 UID: _____

LOCAL ADDRESS: _____

E-Mail: _____   Phone: _____

_____   _____
Signature   Date

FOR OFFICE OF STUDENT ACCOUNTS USE ONLY:

Action: ____ Approved   ____ Denied

_____   _____
Authorized Signature   Date