



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

DEFERRED PAYMENT REQUEST – SPRING 2025

PLEASE NOTE:

- 1) You must clear any unpaid balances from previous semesters before submitting this form.
- 2) Submit this form by the tuition due date, **January 7, 2025**.
- 3) A non-refundable tuition deferment fee of **\$50** will be charged to the student's account.
- 4) Unpaid balances are subject to **\$60** late payment fee and a **1.5%** monthly service charge.
- 5) Full payment of account balance is due by **February 27, 2025**. If paid by this date, late payment fee and January service charge will be waived.

PROMISORY NOTE

I am requesting to defer payment of \$ _____ of my tuition and any subsequent fees on my student account, understanding that by 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 incur a service charge of **1.5%** per month. I promise to pay the account balance by the applicable payment due date, **February 27, 2025**, as stated above, to avoid additional service charges and an 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. Additionally, diplomas, transcripts, bar certificates, certificates of graduation, enrollment certifications, and/or other certifications 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 _____