



**Georgetown University Law Center**  
**Office of Student Accounts**  
EMAIL: [Mvaccount@law.georgetown.edu](mailto:Mvaccount@law.georgetown.edu)

**DEFERRED PAYMENT REQUEST – SPRING 2026**

**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 6, 2026**.
- 3) Full payment of account balance is due by **February 27, 2026**. If paid by this date, the late payment fee and January service charge will be waived.
- 4) A non-refundable administrative fee of **\$50** will be charged to the student's account.
- 5) Unpaid balances are subject to \$60 late payment fee and a 1.5% monthly service charge.

**PROMISORY NOTE**

I am requesting to defer payment of \$\_\_\_\_\_ of my tuition and any subsequent fees on my student account. I understand that by enrolling in one or more courses, I assume full financial responsibility for the applicable tuition and other charges, whether or not the course(s) are completed. I hereby promise to pay the amount of \$\_\_\_\_\_, along with 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 on my student account, including tuition, will incur a **1.5% monthly service charge**. I agree to pay the full account balance by **February 27, 2026**, as stated above, to avoid additional service charges and an account hold.

I further understand that, in accordance with university policy, 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 official documents will not be released until all outstanding balances are 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: