## University of Rochester School of Medicine and Dentistry

Student Payment Agreement

Please complete this form and return it to the Bursar's Office at the address below.

Note: You must complete this agreement even if you are a University employee eligible for a tuition benefit.

Student Name:					
	First		Middle Initial	Last	
Student UID#: _					
Billing Address:					
	Street				Apartment #
	City		State		Zip
Phone: (	)	() _		E-mail	
		-			
PAYMENT OP	TIONS (please se	elect one):			
to pay with stud	<b>ment Option.</b> Pay dent loans, schola Financial Aid Offic	rships or grant, I			Registration. If I intend d Notice must be
documentation		tuition reimburse	ment plan to my	registration form	ach a \$30 check and as. Payment will be due
Employee Tuiti		form to my regis	tration. I further		opy of my approved am subject to all of the
	<b>nded Option.</b> I u I by my fellowship		will be responsib	le for any charge	s on my account that
over 18 years old		consible to the Univ	versity of Rochest	er for all charges as	ms. I certify that I am ssessed by the University ome or all of those
chosen, and that of 1% of the amounderstand that I understand that I		t received by the d I agree to pay. I un notifying the Bursa any late payment f	ue date, the Univenderstand that <b>Pa</b> ar's Office if my bil fees resulting from	ersity will assess a myment must be in ling address change delays in the delivers.	es at any time. I
may not permit m my account is pa	ne to register for futu st due. I acknowled	ure semesters, to o lge the University's	btain transcripts a right to assess c	and diplomas or to rollection fees should	greement, the University eceive other benefits if d my student account that I am obligated to
Student S	Signature			Date	