



Office of Student Finance

Tuition Repayment Agreement

Name _____ SSN# _____ Student ID# _____

Address _____ City/State/Country _____ Zip Code _____

Home Phone _____ Cellular Phone _____ Work Phone _____ Email Address _____

REPAYMENT SCHEDULE

I hereby acknowledge my indebtedness for tuition, fees, and/or other educational expenses owed to Long Island University as shown below. I am unable to make payment in full at this time and therefore am requesting payment arrangements. I agree to make monthly payments as shown in the repayment schedule below until the balance is paid in full.

Total Balance Due: \$ _____

Term(s) Due _____

Monthly Payment Due: \$ _____

Number of Months _____

TERMS & CONDITIONS

- I certify that the information noted above is true and accurate; I acknowledge my obligation to notify the Office of Student Finance of any changes in my name, address, or financial ability to repay this obligation.
- I will be charged a \$35.00 application fee for participating in this Tuition Repayment Agreement.
- I have included the first month's payment with this signed agreement and understand it is my responsibility to make payments as promised by the 20th of each month.
- I am responsible for making timely payments each month, even if I do not receive a bill.
- By signing this agreement, I understand I will not receive a transcript or diploma, nor will I be allowed to register for future semesters at the University, until my balance is paid in full.
- My account will not be referred to an outside collection agency or law firm as long as I adhere to the terms and conditions of this agreement.
- I will not be charged additional fees or interest as long as I adhere to the terms and conditions of this agreement.
- Should I fail to adhere to the terms of this agreement, I understand that Long Island University may cancel this agreement and demand payment in full.
- Should I default in making payments or fail to adhere to the terms of this agreement, I understand that Long Island University may refer my account to an outside collection agency or law firm with no further notice to me. Should this occur, I will be responsible for the payment of my remaining balance as well as payment for any collection fees or other charges imposed by the collection agency or law firm.

I UNDERSTAND AND AGREE TO ALL OF THE FOREGOING SCHEDULES, TERMS, AND CONDITIONS:

Student Signature _____ Date _____

University Representative _____ Date _____