

**REGISTRATION FORM**

DATE: \_\_\_\_\_

Undergraduate:

Graduate:

Non-Matriculated:

New Student:

Current Student:

Former Student: \_\_\_\_\_  
(dates)

**Tuition Liability:**  
*Through the end of the:*  
 Second week of class ..... 0% liability  
 Within third week ..... 20% liability  
 Within fourth week ..... 40% liability  
 Within fifth week ..... 60% liability  
 Within sixth week ..... 80% liability  
 After sixth week ..... 100% liability

Program: \_\_\_\_\_ Semester: \_\_\_\_\_

Name (**PRINT**): \_\_\_\_\_

Student ID: \_\_\_\_\_ OR Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_

Course Number	Section	Summer (include Session)	Course Title	Credit Hours	Period	Day	✓ if RPT Course
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(PLEASE INCLUDE ALL LABS, SEMINARS AND CLINICALS)

Total Credit Hours: \_\_\_\_\_

Advisor Name (**PRINT**): \_\_\_\_\_

Advisor **Signature**: .....

I agree to pay any monies I owe to D'Youville College, including interest at one percent per month, and if necessary, late charges, attorney fees, and expenses incurred by the college for having to proceed with any collection action.

Student **Signature**: .....

**Registrar use ONLY:**

Date: \_\_\_\_\_ Processor: \_\_\_\_\_

updated DAL 10-1-09

## **D'YOUVILLE COLLEGE FINANCIAL AGREEMENT**

I acknowledge that by registering for classes I am agreeing to pay D'Youville College all tuition and fees and any other balances associated with my registration regardless of any expected payments from any third-party resource, including, but not limited to financial aid, family gifts, employer reimbursement or any other external resource. I am, and remain, personally responsible for paying any and all balance due to D'Youville College.

I understand that the amount of financial aid that I may be eligible for will only be an estimate and I agree to pay any amount not covered by financial aid or that is a result of my registration or change in my financial aid eligibility.

### ***Withdrawal Policy***

I also understand that failure to attend classes does not absolve me from my financial responsibility. If I intend to withdraw (whether from an individual course or from the College), it is my responsibility to follow the proper withdrawal procedures. I will be held financially responsible for any course, from which I withdraw from based on the date of the withdrawal and the College's published withdrawal refund schedule. I fully understand that withdrawing from a course or from the college may affect my financial aid eligibility and I would be responsible for any outstanding balance not covered by my financial aid/student loans.

### ***Failure to Pay***

I understand that failure to pay any amount due by the payment due date will result in a late fee of \$250 being assessed for the semester in which I fail to pay. A 1% per month interest fee will also be assessed on any unpaid balance. I further understand that should my account become delinquent D'Youville College has the right to: withhold further registration privileges, withhold the awarding of any degrees, diplomas, certifications, official or unofficial transcripts, enrollment verifications or any other official college documents. In addition I understand D'Youville College may commence collection and legal proceedings against me resulting in additional costs and fees.

### ***Collections for Non-Payment***

I understand that should my account become delinquent, it will then be considered in default and may be referred to an outside agency for further collection efforts. D'Youville College reserves the right to transfer the account to a collection agency or attorney. My delinquent account may be reported to the credit bureaus. I understand that I will be responsible for the payment of all late fees and interest. I also understand that I must reimburse D'Youville College the fees of any collection agency which may be based on a percentage at the maximum of 33.3% of the debt, and all costs and expenses including reasonable attorney fees D'Youville College incurs in the collection of the debt.

### ***Authorization***

I authorize D'Youville College, their representatives, agencies, vendors and contractors to contact me at any current or future telephone numbers. This includes my cellular phone or other wireless devices using automated telephone dialing equipment or artificial or prerecorded voice or text messaging.

I authorize D'Youville College to use any available financial aid to pay any balance due for tuition, fees, room and board, as well as miscellaneous charges, and residence hall damages for all terms. (I understand that I can rescind this authorization by submitting a written request to the Student Accounts/Bursar's Office. Revocation may result in balance due that I'm required to pay.)

### ***Change of Status***

I agree to notify the Registrar's Office of D'Youville College of any change in name, address, telephone number, or Social Security Number.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_