

For Your Information: New feature at the time of registration

Starting April 2020, all students will be required to read and sign the Financial Responsibility Agreement located on side two of this Registration Form.

What is the Financial Responsibility Agreement?

The Financial Responsibility Agreement informs students of the financial policies of the University, lists the responsibilities associated with enrolling for classes, and explains the potential consequences that may result if a student fails to meet those obligations. The University's goal is to help students understand the cost of their education and the financial policies associated with their enrollment. The Agreement, along with our website, e-bill account information, e-mails and other documentation, helps explain the University's expectations for payment, and allows us to clearly inform students of our policies related to billing, late payment, and contact methods.

Please fill out form accurately. Be sure to include all information required.

Name:
Student ID:
Suffolk Email:
Telephone:

It is recommended that all students meet with their advisors. The Registrar's office should be notified of any prerequisite overrides prior to registration.

Semester Fall Spring Summer Module Year

| | Subject | Course# | Sect# | Title | Day | Time | Credits | Instructor |
|------|---------|---------|-------|-------------------------------------|-----|-------------|---------|------------|
| | MATH | 134 | A | Calculus for Mgt. & Social Sciences | MWF | 8:00-8:50 | 3 | Vovan |
| | CMPSC | F121 | AE | Intro to Computer Programming | TTH | 11:30-12:45 | 3 | Shukla |
| | Subject | Course# | Sect# | Title | Day | Time | Credits | Instructor |
| 1 | | | | | | | | |
| Alt. | | | | | | | | |
| 2 | | | | | | | | |
| Alt. | | | | | | | | |
| 3 | | | | | | | | |
| Alt. | | | | | | | | |
| 4 | | | | | | | | |
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| 5 | | | | | | | | |
| Alt. | | | | | | | | |
| 6 | | | | | | | | |
| Alt. | | | | | | | | |
| 7 | | | | | | | | |
| Alt. | | | | | | | | |

Comments:
Office Use Only

Accounting Clearance:

Advisor Signature:

Date:

Advisor name:

Remember to check for important Suffolk updates via your [Suffolk email account](#). For Registration confirmation Please visit [WebAdvisor](#) to view "My Class Schedule"

Office Use Only

Accounting Clearance:

Financial Responsibility Agreement

IMPORTANT:

- **I understand** that I am registering for this class at Suffolk University and I have a legal binding obligation to pay Suffolk University for all tuition and other applicable fees associated with this course by the due date established by the University.
- **I understand and agree** that if I drop or withdraw from this course, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule at <https://www.suffolk.edu/about/directory/bursars-office/withdrawal>. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class does not absolve me of my financial responsibility as described above.
- **I understand** that these expenses may exceed the amount of any financial aid awarded to me and that I am obligated to pay these expenses to the University.
- If a payment made to my student account for this course is returned by the bank for any reason, **I agree** to repay the original amount of the payment plus a returned payment fee of \$25. **I understand** that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with Suffolk University may result in cancellation of my classes and/or suspension of my eligibility to register for future classes at Suffolk University.
- **I understand and agree** that if I fail to pay for this course or have any monies due to Suffolk University by the scheduled due date, Suffolk University will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma. Suffolk University will also assess a late payment fee of \$70 per month on the past due portion of my student account until my past due account is paid in full.
- **I understand and accept** that if I fail to pay my student account bill or any monies due and owing Suffolk University by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Suffolk University may refer my delinquent account to a billing servicer or collection agency. I further understand that if Suffolk University refers my student account balance to a third party for collection, a collection fee will be assessed and will be due in full at the time of the referral to the third party. The collection fee will be calculated at the maximum amount permitted by applicable law, but not to exceed 33 percent of the amount outstanding. For purposes of this provision, the third party may be a debt collection company or an attorney. If a lawsuit is filed to recover an outstanding balance, I shall also be responsible for any costs associated with the lawsuit such as court costs or other applicable costs. I understand that my delinquency will be reported to a credit bureau.

AUTHORIZATION

I authorize Suffolk University and the collections agencies retained by Suffolk University to contact me at the residential address, email address and telephone numbers, including but not limited to my mobile telephone number that I have provided Suffolk University. **I agree** that this agreement is governed by the laws of the Commonwealth of Massachusetts.

I acknowledge that I have read and understood the terms appearing in this agreement.

Signature _____ Date _____