DEFERRED PAYMENT AGREEMENT
WITTENBERG UNIVERSITY
SCHOOL OF COMMUNITY EDUCATION

Student Confirmation

My signature on this instrument signifies the following agreement and promise, as well as my understanding of the conditions set forth.

I, ________________________________, agree to make full payment of all registration charges and associated fees for the ________________ semester or term by the due date of ____________________.

I understand that:

— I am obligated for the charges resulting from my registration, subject to the Add/Drop regulations established by the University, whether or not I complete my courses or receive grades considered satisfactory by any funding source.

— Obligations not paid in full by the due date stated above shall be payable on demand, assessed a late payment penalty charge, and their outstanding balance shall bear interest at the rate of 12% per annum, computed from the due date until the obligation is paid in full. In addition, any registration for a subsequent semester/term is subject to cancellation; such cancellation bars my participation in classes and is accompanied by a financial hold against further registration as well as a block against issuance of an official transcript. Should reinstatement or continuation of registration occur, any Deferred Payment Agreement for the semester or term at issue becomes void, and my obligation to pay charges in full reverts to the standard due date.

— I agree to pay all costs, expenses, and attorney fees related to the collection of the obligation, to the extent permitted by law. This agreement shall be construed and enforced in accordance with the laws of the State of Ohio.

— The privilege of an extended payment date in no way implies that my employer, the Veterans’ Administration, or other funding source is responsible for payment by that date. Said responsibility rests entirely with me. It is my personal responsibility to secure from the University Registrar any confirmation of credits and grades that my funding source may require beyond the standard mode of issuance.

_________________________  __________________________  __________
Student Name (print)        Signature                     Date

Employer or VA confirmation of eligibility for tuition support

I confirm that the student listed above is eligible for tuition support from our organization for the semester or term indicated above and that I am authorized to make such confirmation. (Sponsoring employers: please attach an outline of the tuition benefit policy.) For students receiving VA or other non-corporate benefits, the confirmation of the Wittenberg Financial Aid Office will suffice.

_________________________  __________________________  __________
Name, Title, Organization (print)        Signature                     Date