



Lewis University Financial Responsibility Agreement

Payment Terms: I understand that when I register for any class at Lewis University or receive any service from Lewis University I accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Lewis University is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date.)

I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule at <http://www.lewisu.edu/welcome/offices/business/bursar/refund.htm>. 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 or receive a bill does not absolve me of my financial responsibility as described above.

Account Hold: I understand and agree that if I fail to pay my student account bill or any monies due and owing Lewis University by the scheduled due date, Lewis University will place a hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma.

Collection Agency Fees: I understand and accept that if I fail to pay my student account bill or any monies due and owing Lewis University by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Lewis University may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage at a maximum of 33% of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

Method of Billing: I understand and agree that Lewis University uses a monthly statement e-mail as an official method of billing, and that therefore I am responsible for reading the e-mails I receive from Lewis University on a timely basis. I further understand that failure to review my statement or receive an email does not constitute a valid reason for not paying my bill on time. Statement information is available at www.lewisu.afford.com.

I authorize Lewis University and its agents and contractors to contact me at my current and any future cellular phone numbers, email addresses, or wireless devices regarding my delinquent account balance.

Financial Aid: I understand that aid described as “estimated” on my Financial Aid Award does not represent actual or guaranteed payment, but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program.

I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop any class before completion, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked.

If some or all of my financial aid is revoked because I dropped or failed to attend class, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

Billing Errors: I understand that administrative, clerical, or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Lewis University.

This agreement will remain in effect for the duration of my enrollment at Lewis University. I agree to the terms and conditions of this Financial Responsibility Agreement without limitation or qualification.

Student Name _____

ID# _____

Signature _____

Date _____

Please return completed form by mail, fax, or email:

Lewis University
Unit 295
One University Parkway
Romeoville, IL 60446

Fax: 815-838-1380

Email: businessoffice@lewisu.edu