

FOR OFFICE USE ONLY

LTR. _____

CALC. _____

FEE PD. _____

IND. _____

POLYTECHNIC UNIVERSITY
GRADUATE DEFERMENT PLAN PROMISSORY NOTE

FALL 2008

STUDENT: _____ ID# _____ SEMESTER: **Fall 2008**

STREET ADDRESS: _____ SS#: _____

CITY, STATE, ZIP: _____ PHONE: () _____

EMPLOYER: _____ PHONE: () _____

EMPLOYER'S ADDRESS: _____

I understand that I am being allowed to register and defer my payment for the above semester based on anticipated reimbursement from my employer. I acknowledge responsibility for all charges for this semester by signing this promissory note.

I understand that there is a **\$150.00 Non-Refundable Deferment fee** charged each semester to students who elect to participate in this plan. This fee must be paid at the beginning of each semester, at the time this form is submitted. I understand that I must pay Polytechnic University by the due date, even though I may not have received reimbursement from my employer. **If payment is not made by the due date, the credit card listed below will be charged for the amount due, including a 2.9% processing fee, PLUS an additional \$150.00 late fee.** I understand that failure to pay in full by the due date shall constitute default of this note. If I default, my records will be sealed and my account may be subjected to additional charges, fees and collection costs, which would be payable by me. I further agree that the university may contact my employer in the event payments due are not received.

I further understand that if I withdraw, or for any reason, I become ineligible to receive tuition reimbursement from my employer, this note becomes null and void, and the balance becomes due in full.

Due Date: **02/01/09** Amount Being Deferred: \$ _____

PLEASE CHECK APPROPRIATE BOX:

CHECK/MONEY ORDER ENCLOSED

CHARGE THE CURRENT SEMESTER'S \$150.00 DEFERMENT FEE TO THE CREDIT CARD LISTED BELOW

YOU MUST FILL OUT THE FOLLOWING AUTHORIZATION TO CHARGE YOUR CREDIT CARD, WHICH WILL BE USED IF PAYMENT IS NOT RECEIVED BY THE DUE DATE:

Circle one: VISA / MASTERCARD / DISCOVER / AMEX

Credit Card #: _____ Exp Date: _____

Student Signature

Date

STUDENT RIGHTS AND RESPONSIBILITIES

1. The student must provide Polytechnic University with proof of reimbursement benefits from employer. Letter from employer must specify exactly what will be reimbursed (tuition, tuition & fees. Etc.)
2. The student must make payments to Polytechnic University by the due date in order to be eligible to participate in the Graduate Deferment plan in the future.
3. The student must pay any tuition and fees not covered by employer at the time this note is signed.
4. The student is entitled to a Grade Report from Polytechnic University in a timely manner.
5. The student is entitled to a Statement of Account upon request.
6. The student is entitled to a response in writing to any questions or problems.

Student Signature

Polytechnic Representative

Submit payment by the due date indicated above to: Office of Student Accounts, Polytechnic University, 6 Metrotech Center, Brooklyn, NY 11201. For questions, email the Office of Student Accounts at stuacct@poly.edu or call (718) 260-3700.