



1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

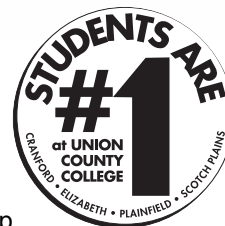
CRANFORD CAMPUS (908) 709-7000

ELIZABETH CAMPUS (908) 965-6000

PLAINFIELD CAMPUS (908) 412-3599

SCOTCH PLAINS CAMPUS (908) 709-7000

STUDENT'S RESPONSIBILITY FOR FINANCIAL OBLIGATIONS TO UNION COUNTY COLLEGE



Students participating in Employer, Outside Agency, Organization or Scholarship Tuition Assistance Plans will be required to complete and sign this Statement of Student's Responsibility for Financial Obligation to Union County College. This statement must be completed for each semester and should be submitted at the same time as the Letter of Credit, Payment Voucher, or other document, which represents a means of obtaining payment.

Student Information:

Student Name: ID #: Address: Semester: City, State, Zip: Phone:

Organization to Be Billed:

Send Bill to: Contact Person: Address: Phone: City, State, Zip: Fax:

Covers (Select all that apply):

Tuition & Fees Course Fees Parking Fees Books

Documents Attached for Billing Purposes:

Letter of Credit Letter of Explanation Payment Voucher/Request Form Other (please describe):

Student's Financial Responsibility:

For enrollment for Semester, I am responsible for all tuition, fee and book charges posted to my account by the conclusion of the stated semester.

- I understand and acknowledge that in the event that the anticipated funds from my Employer, Outside Agency, Organization, and/or Scholarship, are denied, my total financial obligation shall become due and payable, by me, immediately.
Failure to pay on time or satisfactorily resolve this debt will result in:
Punitive action by the College including, but not limited to, denial of registration privileges, and withholding the release of transcript and grade reports.
My account being sent to collection. If sent to collection I agree to pay the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorneys' fees and court costs incurred in our collection effort.
I understand and acknowledge that Union County College may need to release my grade(s) or other enrollment/financial information to the Employer, Outside Agency, Organization, or Scholarship listed above.

I hereby give my approval for this release of information.

Student Signature DATE