



ST. VINCENT'S COLLEGE

2800 MAIN STREET ♦ BRIDGEPORT, CT 06606-9921 ♦ 1.800.873.1013

WWW.STVINCENTSCOLLEGE.EDU

SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER

TERMS & CONDITIONS OF PAYMENT OBLIGATIONS

I understand that when I register for any class at St. Vincent's College or receive any service from St. Vincent's College 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, in which St. Vincent's College is providing me educational services, deferring some or all of my payment obligations for those services until the published or assigned due date. I promise to pay for all assessed tuition, fees and other associated costs by said 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.stvincentscollege.edu/finances/refund-policies/>.

I have read the terms and conditions of the published tuition and 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.

Student Signature

Date

Print Student Name

Student ID Number

Please sign and return either:

Fax 203-576-6063 - Attention: Student Accounts **OR** email to: studentaccounts@stvincentscollege.edu