

Mount St. Joseph University

STATEMENT OF FINANCIAL SUPPORT AND STUDENT AGREEMENT

In consideration of Mount St. Joseph University ("Mount") providing to _____ (Student's name) any services, products or sums of money I require, including charges to my Mount student account for tuition and fees, meal plan, room charges, student loans and other charges that may occur while I am enrolled at the Mount, I unconditionally guarantee to the Mount the repayment for all these sums of money, products or services incurred by me. I acknowledge the personal benefits which accrue to me when the Mount provides these products, services or monies to me, and agree that such benefits constitute good, valuable and adequate consideration for this guarantee of repayment.

I am also aware that any changes in credit hours, meal plans or living arrangements can change the computed balance by affecting charges and ultimately financial aid. I am aware that it is my responsibility to complete all required loan paperwork and financial aid award information in order to receive the financial aid for which I am eligible. I am aware that a reduction in financial aid may result in the need to pay back to the Mount a previously refunded credit balance.

I understand that any unpaid balance shall accrue late fees at the rate of 1.5% per month and that all balances must be paid or accounted for before I can register for subsequent semesters and that failure on my part to meet any of the provisions of this agreement may cause my participation to be cancelled and, at the discretion of the Mount, the balance of my account will become immediately due and payable in full. Failure to meet the provisions of this Agreement will also result in the Mount withholding transcripts, diplomas, and other Mount services until all amounts owed to the Mount have been paid in full. In the event of default, I agree to pay all expenses, including collection and/or litigation expenses and reasonable attorney fees incurred by the Mount in enforcing this Agreement. Collection costs are calculated at a minimum of 33.33% of the total delinquent student account balance.

I acknowledge that it is my responsibility when changes occur to update my name, address, and phone number with the Student Administrative Services office in the Conlan Center. I understand that the student information associated with this agreement will be used for billing and collection purposes.

This Agreement is effective from this date and continues until such time that the account is paid in full.

Student's Name (Print or Type)

Student's Signature

Permanent Address

City, State, Zip

Phone Number

MSJ Student ID Number

Social Security Number

Date

Return completed form to: Student Administrative Services, Mount St. Joseph University, 5701 Delhi Rd, Cincinnati, Ohio 45233 or fax to 513-244-4201.

THIS FORM MUST BE RECEIVED, ALONG WITH ANY REQUIRED PAYMENT, IN ORDER TO CONFIRM YOUR REGISTRATION.