

Trine University

Student Account Agreement/Authorization

- I am responsible for all tuition, fees, and charges incurred during any academic year
- Payment for the balance of my student account (net any federal financial aid or grant) must be received by the due date; failure to do so may result in my classes being dropped
- I will be charged \$25 for any returned checks (returned checks may be recovered by ACH)
- If I lose financial aid from federal, state or institutional sources due to failure to maintain satisfactory academic progress, withdrawal, dismissal from the University, or any other reason prior to the end of an academic semester, I am still obligated to pay the outstanding balance on my account
- The return of any financial aid funds will follow the federal, state and university regulations and guidelines as stated in the University Student Handbook and Course Catalog
- If eligible, I may appeal the loss of my financial aid, but I must pay for those classes for which my aid has been cancelled
- If I have an unpaid balance on my account, I will be subject to a \$25 late fee per month; my transcripts and/or diploma will remain on hold; a hold may be placed on my meal plan; I may be prevented from (pre)registering for a subsequent semester; and it may result in my dismissal from the University
- I am responsible for reasonable collection fees, attorney fees, and court costs, without relief of evaluation and appraisal law, to collect any outstanding balance on my account
- Should payments or financial aid exceed the cost of my net tuition, room, and board, I agree to leave the balance of the proceeds on my account with the University until I submit a properly completed refund request to the Business Office and the Business Office has approved my request
- No refunds will be made until the completion of the fourth week of classes each semester
- The Business Office is responsible for making all decisions about my student account
- This authorization will remain on file in the Business Office unless I change it

I (student) have carefully read and agree to be bound by the terms/conditions stated in this document and by any other terms/conditions associated with my enrollment at Trine University.

Signature: _____ Printed: _____

SSN: _____ Date: _____

I (parent or other co-signer) have carefully read and agree to be bound by the terms/conditions stated in this document and by any other terms/conditions associated with said student's enrollment at Trine University.

Signature: _____ Printed: _____

SSN: _____ Date: _____

I authorize Trine University to discuss my student account with the following individuals:

Name (print)	Relationship

I do not authorize Trine University to discuss my student account with anyone but me

Please return completed form to the Business Office