

MANHATTAN

C O L L E G E

DEFERRAL APPLICATION AND PROMISE TO PAY

Term: Fall Spring Year: 20__ / 20__

Office of Student Financial Services (718) 862-7100 • fax (718) 862-8027 email: finaid@manhattan.edu

Last Name: First Name:

SSN: ID #:

Email: * Day Phone:
mandatory field

I am requesting a deferral of payment deadline in the amount of \$

• (List current outstanding balance. Do not subtract any pending financial aid)

Reason for request: (check appropriate box and provide details)

Additional time needed to file FAFSA. FAFSA can be completed online at www.fafsa.ed.gov . Printed proof of completion must accompany this request or it will be denied.

Waiting for funds to be available.

Fund source: _____ Date anticipated: _____

Other: _____

This **DEFERRAL AND PROMISE TO PAY**, if approved, is my personal obligation. Signing this statement obligates me to make payment in full by the agreed date. **Fall 2009 deferment deadline is OCT 9, 2009.** If my request is based on anticipated financial aid or other funding, failure to receive such funds does not excuse my financial obligation to make payment in full of the amount shown or the balance on my student tuition account, whichever is greater. I understand my student tuition account will be charged a **fee of \$100** to execute this agreement, and it must be paid in advance or at the time of the deferral application. Only deferrals accompanied with the \$100 fee can be processed. Deferrals can be processed in person or faxed with a credit card payment authorization form. *See last page for details.* * Even if my payment is initially processed, I understand that final approval of my deferral will be made by the Bursar and my approval will be emailed to me by the start of the semester.

This deferral, **when approved**, serves as a PAYMENT ARRANGEMENT for the term noted above and you will not be dropped or disenrolled from your courses. Non-attendance does not constitute reversal of tuition/fees liability. When this document is processed by the Office of Student Financial Services, the student incurs full liability for the amount shown herein or the total balance of the term account, whichever is greater. Failure to pay this account by the approved deferral due date will result in the imposition of additional fees and a block on student's records, grades, transcripts and future registration at Manhattan College. Please note the College charges a 1% interest penalty per month, on any balance greater than thirty days.

I fully understand the terms and conditions of this **DEFERRAL AND PROMISE TO PAY** and fully accept this debt as my personal responsibility. I will make payment in full on or before the agreed deferral due date assigned by the Office of Student Financial Services. I further understand, and agree, that I will be liable for all collection and/or legal costs relating to the collection of any outstanding charges. Furthermore, I authorize Manhattan College and/or its agents to contact any school, employer or other parties to obtain information concerning my status or other information necessary in the collections of any debt owed the college. Finally, I acknowledge having read, accepted and received an exact copy of this agreement.

Student Signature/Date

Parent Signature/Date

Bursar Authorization/Date

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Deferral Applications can be filed in person at :
 Office of Student Financial Services
 Manhattan College
 Miguel Hall, Room 100
 Office Hours 9 am - 4 pm

OR

FAX these 2 pages

- (1) the application complete with student signature and a valid email address
 (Parent signature optional. MC email will be used as default email)
- (2) along with this completed credit card authorization for the \$100 charge to:

Attention: Bursar
(718) 862-8027

Be sure to complete the credit card authorization form.

MANHATTAN COLLEGE CREDIT CARD PAYMENT FORM

(Please print)

Social Security Number	Street Address		
Student Name	City	State	Zip Code
<i>Circle Card Type</i>	Daytime Phone#	()	
<input type="radio"/> MC <input type="radio"/> VISA <input type="radio"/> AMEX <input type="radio"/> DISCOVER			
Expiration Date	Credit Card Number		
\$ Charge amount	print name as it appears on card		
	Cardholder's Signature		