

Quincy College

Student Financial Responsibility Agreement Copy

PAYMENT OF FEES/PROMISE TO PAY

I understand that when I register for any class at Quincy College or receive any service from Quincy 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 (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Quincy College is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned 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](#). I have read the terms and conditions of the published tuition 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.

METHOD OF BILLING

I understand that Quincy College uses electronic billing (TouchNet) as its official billing method, and therefore I am responsible for viewing and paying my student account e-Bill by the scheduled due date. I further understand that failure to review my TouchNet does not constitute a valid reason for not paying my bill on time. TouchNet information is available on the [Business Office & Student Accounts | Quincy College](#)

I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Quincy College.

DELINQUENT ACCOUNT/COLLECTION

Financial Hold: I understand and agree that if I fail to pay my student account bill or any monies due to Quincy College by the scheduled due date a financial hold will be placed on my student account and I will not be permitted to participate in Commencement, receive Commencement tickets, change registration, register for future classes and/or obtain an official diploma until account balances are paid in full. Quincy College reserves the right to cancel class schedules for students who have outstanding balances on their accounts.

Late Payment Penalty: I understand and agree that if I fail to pay my student account bill or any monies due and owing Quincy College by the scheduled due date, Quincy College will assess late payment penalty at the rate of \$50 per semester.

Returned Payments: If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of \$25. I understand that multiple returned payments may result in cancellation of my classes and/or impact my ability to register for future classes at Quincy College.

COMMUNICATION

Method of Communication: I understand and agree that Quincy College uses email as an official method of communication with me, and that therefore I am responsible to read and respond to e-mails I receive from Quincy College on a timely basis.

Contact: I authorize Quincy College and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Quincy College, or to receive general information from Quincy College. I authorize Quincy College and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call or text my cellphone using automated telephone dialing equipment by submitting a clear revocation request to the applicable contractor or agent contacting me on behalf of Quincy College.

Updating Contact Information: I understand and agree that I am responsible for keeping Quincy College records up to date with my current physical addresses, email addresses, and phone numbers by completing the necessary paperwork which can be found on the Registrar's Office. Upon leaving Quincy College for any reason, it is my responsibility to provide Quincy College with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Quincy College.

FINANCIAL AID

FAFSA: I understand to apply for financial aid I must complete the Free Application for Federal Student Aid (FAFSA) annually. This form is available online at www.fafsa.gov.

I understand the federal processor must receive my FAFSA by March 1st to receive priority consideration for all types of financial aid. I may apply after the priority date; however, aid will be awarded on a funds-available basis.

Financial Aid award: I understand that aid described as "expected" on my Financial Aid Award does not represent actual or guaranteed payment but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program.

I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class and my housing status upon which my financial aid eligibility was calculated. If I drop or withdraw from any class before completion, and/or change my housing

status (i.e. living on-campus to commuting from home) I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked. I also understand that my Financial Aid Award may decrease as a result of program funding level decreases at the Federal and State level.

If some or all of my financial aid is revoked, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

Federal Aid: I understand that any federal Title IV financial aid that I receive, except for Federal Work Study wages, will first be applied to any outstanding balance on my account for tuition, fees, room and board. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan, and PLUS Loan. If I choose to authorize Quincy College to apply my Title IV financial aid to other charges assessed to my student account such as student health insurance, bookstore charges, service fees and fines, and any other education related charges, I will follow the instructions listed on the [Business Office & Student Accounts | Quincy College](#). I further understand that this authorization will remain in effect until I rescind it and that I may withdraw it at any time by following the instructions on the [Business Office & Student Accounts | Quincy College](#).

When any excess funds from financial aid become available the Student Account Office will issue a paper check. I will receive email notification when my Refund has been processed.

Prizes, Awards, Scholarships, Grants, and Internship Stipends: I understand that all prizes, awards, scholarships, grants and Internship stipends awarded to me by Quincy College will be credited to my student account and applied toward any outstanding balance and is considered a financial resource.

WITHDRAWAL

If I decide to completely withdraw from Quincy College, I will follow the Registrar Withdrawal Process which I understand and agree are incorporated herein by reference.

PRIVACY RIGHTS & RESPONSIBILITIES

I understand that Quincy College is bound by the [FERPA Policy](#) which prohibits Quincy College from releasing any nondirectory information from my education record without my written permission. Therefore, I understand that if I want Quincy College to share non-directory information from my education record with someone else, I must provide written permission by following the procedure outlined at the College Registrar Office. I further understand that I may revoke my permission at any time as instructed in the same procedure.

I understand that I have an option of creating Authorized Users on my student account which will allow parents or family members access to my student bill. Adding an authorized user is your written consent that an individual may view your student account information and make payments on your behalf. Authorized Users would not have access to stored payment methods, academic records or other personal information. To create an Authorized User, students must log into [eBill](#), instructions are available on the [Student Accounts website](#).

IRS FORM 1098-T

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to Quincy College upon request as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to Quincy College, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN.

If I choose to consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from Quincy College, I must complete the authorization via TouchNet. I understand that if I do not consent to receive my Form 1098-T electronically, a paper copy will be provided. I understand that I can withdraw this consent or request a paper copy by following the [1098-T Instructions](#)

HEALTH INSURANCE

I understand that it is my responsibility to complete an online health insurance waiver or enrollment form annually by the stated deadline. I understand that Health Insurance is my responsibility to waive each award year if I am enrolled in 9 credits or more three-quarter time per Massachusetts state law. I understand it is my responsibility to view my bill/charges to determine if I am charged health insurance each semester. Failure to complete an online waiver or enrollment form will result in enrollment in the school's sponsored health plan and I will be responsible for the full health insurance premium charged to my student account. For more information visit, [Quincy College Student Health Insurance Program | University Health Plans, Inc.](#)

STUDENT AGE

I understand and agree that if I am younger than the applicable age of majority when I execute this agreement that the educational services provided by Quincy College are a necessity, and I am contractually obligated pursuant to the "doctrine of necessities".

ENTIRE AGREEMENT

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and Quincy College, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by Quincy College if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.

SEVERABILITY CLAUSE

If any provision, term, or clause of this Agreement is declared illegal, unenforceable, or ineffective in a legal forum with competent jurisdiction to do so, this Agreement shall be deemed severable, and all other provisions, terms, and clauses of the Agreement will remain valid and binding on the Parties.

I acknowledge that I have read and understand the terms appearing in this agreement.