

UArts Continuing Education Tuition Repayment Agreement

Student's Full Name (please print): _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Third party agreeing by letter or voucher to cover the costs of the listed course/s:

Third party: _____

Contact Person/Title: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Course #	Start Date	Title	Total Cost

In consideration of the following tuition payment arrangement, and intending to be legally bound, I agree to pay the University of the Arts (UArts) \$_____, if payment is not received from the third party listed above within 30 days of billing. The amount is to be charged to the following credit card: VISA ___ MC ___ AMX ___

Name on Card (please print): _____

Card #: _____ EXP Date: _____

I recognize that this is a just debt and by my signature accept full responsibility for my indebtedness to the university. I understand that failure to pay my debt to UArts will result in financial suspension, and the following actions will be taken against me:

- All UArts privileges and services will be suspended;
- I will not be permitted to register for any courses in the next semester;
- My transcript and any other official UArts documents will not be released;
- My account will be referred to a collection agency and I will be responsible for paying those costs as well as the amount still owing.

Student's Signature: _____ Date: _____

Continuing Education

Director's Signature: _____ Date: _____