

Student Financial Responsibility Agreement

PAYMENT OF FEES/PROMISE TO PAY

- By registering for class(es) offered by the Fairmont State University, I am agreeing to pay tuition, fees and other charges associated with my enrollment in these classes on or before the scheduled due dates. This constitutes a legal financial obligation.
- The Division of Continuing Education publishes fee schedules as well as policies and procedures regarding changes to or cancellation of my registration. I am aware that non-attendance does not relieve me of my financial responsibility for the class(es) I signed up for.
- 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.

DELINQUENT ACCOUNT/COLLECTION

- Financial Hold: I understand that if I have outstanding financial obligations to the University, I may not register for additional classes and the University will not provide me with an official transcript or diploma while there are amounts outstanding.
- Late Payment: I agree that if I fail to pay any charges on my student account by the due date, I may be dropped from all courses and waitlists.
- Collection Charges and Fees: If Fairmont State University engages a third party to obtain payment on my delinquent account, I agree to reimburse Fairmont State University for any collection fees and expenses that may be as high as 40% of the debt but will not exceed the maximum permitted by applicable law. I understand these fees will be due in full at the time of the referral to the third party. I shall also be responsible for any court costs associated with collections.
- Reporting Past Due Accounts to Credit Bureaus: I understand that if I have a delinquent account, it may be reported to one or more of the national credit bureaus.

COMMUNICATION

- Methods of Communications: I understand that Fairmont State University uses email as an official method of communication with me regarding student financial matters, including important updates or information about my student account or student loans. Therefore, I am responsible for reading the e-mails I receive from Fairmont State University on a timely basis. I authorize Fairmont State University or its authorized agents to contact me by mail, email or by phone, including any cell phone numbers I provide.
- Updating my Contact Information: I understand that it is my responsibility to keep Fairmont State University apprised of any changes in my mailing address, email address or phone number(s).

CONSENT TO DO BUSINESS ELECTRONICALLY

- I consent to conduct business electronically with the Fairmont State University . This includes but is not limited to receiving information regarding student financial matters, including billing and payment information, through my online student account.
- Please note: To view your student account online, you will need access to the internet through a computer, tablet or mobile device. If you choose not to consent (or to withdraw your consent) to do business with DCE electronically, you cannot use the DCE Online Services payment portal to access information through your student account. However, in that case, you can still receive a hard copy of that information, for no charge, by visiting or contacting DCE during normal business hours. If you want to withdraw your consent to do business electronically, visit DCE during normal business hours. .

RETURNED PAYMENTS

- I agree that if a payment made to my student account is returned by the bank for any reason, I will repay the original amount of the payment plus a reasonable returned payment/insufficient funds fee.

FINANCIAL AID

- I agree that, in the event financial aid is reduced or cancelled, or in the event I have not met the specified requirements for receiving such aid, I will become responsible for the full balance of the outstanding charges.

HEALTH INSURANCE

- I agree that if I fail to waive, if applicable, the University Health Insurance by the appropriate semester deadline, I will be enrolled in the plan for the remainder of the semester and will be obligated to pay the insurance plan charge.

PRIVACY RIGHTS & RESPONSIBILITIES

- I understand under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), students must give us their permission before we can release information about their educational record/student account to anyone. Permission to view your billing statement and account activity can be granted by adding an authorized user via the Payment Portal.

IRS FORM 1098-T

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

By clicking on the “I agree” button, I acknowledge that I have read and agree to be bound by the Terms and Conditions described above.