UNIVERSITY OF NEW HAVEN

Promissory Note for Corporate Reimbursement

Date _____ , 20 _____

OFFICE OF THE BURSAR
300 Boston Post Road
West Haven, CT 06516
(203) 932-7217

DUE DATES:

GRADUATE TRIMESTERS: Fall, December 30; Winter, April 30; Spring, July 30; Summer, August 30

UNDERGRADUATE SEMESTERS: Fall, December 30; Spring, May 30; Summer, August 30

Name _____

Address _____

_____

_____
City State Zip

Fall_____(year) Winter _____(year)

Spring_____(year) Summer _____(year)

Tel. _____
Home

Student ID: _____

Tel. _____
Business

Email:_____

I, the undersigned, hereby agree that this promissory note in the sum of $ _____ is executed in lieu of the required advance payment in order to facilitate registration for the course(s) indicated below. I further agree that the due date of this promissory note is in accordance with the due date stated above for the respective semester/trimester.

I have submitted an original letter of agreement for the current semester/trimester from my employer _____ _____ to the University of New Haven indicating that said organization has approved the course selection and agrees to be responsible for all charges for same. If, however, said organization refuses to honor this obligation, or for any reason I withdraw from said course(s), then at that time and upon demand I will be personally responsible for the sum due under this promissory note. I further understand that this balance must be paid in full prior to my registration for upcoming semesters/trimesters.

As a guarantee that payment due is made, I hereby authorize the University of New Haven to process a charge on my credit card (name and number indicated below) for the balance due in the event the balance due has not been paid at the time of any of the following events:
(a) withdrawal from said course(s)
(b) registration for a following semester/trimester
(c) 30 calendar days after the mailing date of the semester/trimester reports.

In the event of non-payment of the balance due, I agree that the entire remaining balance shall be immediately due and payable and a late fee of $50 plus 1.5% will be charged.

In the event of any non-payment, I agree to pay all collection costs plus a reasonable sum for attorneys' fees that may be incurred by the holder.

Course(s):_____

Credit Card Information: *Circle one of the following* VISA MasterCard AmEx

Card number: _____ ( ) Expiration date: _____
LAST 3 DIGITS SECURITY CODE

_____ _____
Student signature Processed by for UNH

If your credit card number is incomplete or illegible, this form and your registration will be returned to you.

CUT HERE