

# MANHATTAN

## C O L L E G E

### EMPLOYER 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](mailto:finaid@manhattan.edu)

Last Name:                       First Name:

SSN:                       ID #:

Email:                       Day Phone:

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. Must be filed within 7 calendar days and expected follow-up with the financial aid office will take place within 14 calendar days.

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. **Spring 2005 deferment deadline is JUNE 10, 2005.** 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. We can accept faxed deferrals with a credit card payment authorization form. *See last page for details.*

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

Distribution: White-Bursar    Yellow-Student

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### EMPLOYER DEFERRAL APPLICATION AND PROMISE TO PAY

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

**OR**  
**BY FAX**

Attention: Bursar    **(718) 862-8027**

You will need:

- (1) the application complete with student signature
- (2) the \$100 fee (complete credit card authorization below if faxing) or pay online<sup>†</sup>
- (3) a company letter or a copy of your employer's policy on tuition reimbursement

\* \* Note: If your employer does not offer 100% reimbursement, you must include your out of pocket cost with your \$100 deferral fee by the tuition deadline.

Complete authorization below if faxing your deferral application

MANHATTAN COLLEGE CREDIT CARD PAYMENT FORM											
<i>(Please print)</i>											
Social Security Number				Street Address							
				City			State		Zip Code		
Student Name				Daytime Phone#			(    )				
Circle Card Type		MC		VISA		AMEX		DISCOVER			
Expiration Date				-		-		-			
				Credit Card Number							
\$				print name as it							
Charge amount				appears on card							
				Cardholder's							
				Signature							

### †Online Payment Option

You may also make a secure online payment by visiting <http://webforstudents.manhattan.edu>  
 Click on 'Parent/Guest Tuition Payment' and enter the student SSN and DOB