

Bridgewater State University
Student Financial Responsibility Agreement Copy

PAYMENT OF FEES/PROMISE TO PAY

I understand that when I register for any class at Bridgewater State University or receive any service from Bridgewater State University, 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 Bridgewater State University 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 Bridgewater State University uses electronic billing (eBill) 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 eBill does not constitute a

addresses, and phone numbers by completing the necessary paperwork which can be found on the Registrar's Office [Printable Forms page](#). Upon leaving Bridgewater State University for any reason, it is my responsibility to provide Bridgewater State University with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Bridgewater State University.

FINANCIAL AID

FAFSA: I understand to apply for financial aid I must provide my Social Security Number (SSN) and my current address. I understand that my SSN and current address will be used for the purpose of determining my eligibility for financial aid. I understand that my SSN and current address will be used for the purpose of determining my eligibility for financial aid. I understand that my SSN and current address will be used for the purpose of determining my eligibility for financial aid.

[eBill](#). When any excess funds from financial aid become available they will be directly deposited to the bank checking account of my choice. I will receive email notification when my eRefund has been processed. If I choose not to participate in eRefund a paper check will be processed for any excess financial aid.

Prizes, Awards, Scholarships, Grants, and Internship Stipends: I understand that all prizes, awards, scholarships, grants and Internship stipends awarded to me by Bridgewater State University will be credited to my student account and applied toward any outstanding balance. I further understand that my receipt of a prize, award, scholarship or grant is considered a financial resource according to federal Title IV financial aid regulations, and may therefore reduce my eligibility for other federal and/or state financial aid (i.e., loans, grants, Federal Work Study) which, if already disbursed to my student account, must be reversed and returned to the aid source.

WITHDRAWAL

If I decide to completely withdraw from Bridgewater State University, I will follow the [withdrawal instructions](#) which I understand and agree are incorporated herein by reference.

PRIVACY RIGHTS & RESPONSIBILITIES

I understand that Bridgewater State University is bound by the [Family Educational Rights and Privacy Act \(FERPA\)](#) which prohibits Bridgewater State University from releasing any non-directory information from my education record without my written permission. Therefore, I understand that if I want Bridgewater State University to share non-directory information from my education record with someone else, I must provide written permission by following the procedure outlined on the [Registrar's office website](#). 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 paymae07 Tw (o)03.37 -150.132 Tn040 Td(n)Tj0.078 Tw 41.38ya0.06w 93..942 (ri)-4.339 6w 6-5.8(u)-1.21 (dh T

If I choose to consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from Bridgewater State University, I must complete the authorization via [eBill](#). 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 [779cn-0.09inj0-2590Sign0.52](#)