

Financial Agreement for students on College of Charleston Programs

Social Security Number: _____ Name: _____

I, THE UNDERSIGNED (DEBTOR), HEREBY ACKNOWLEDGE my indebtedness for program expenses in the amount of \$_____ that I will incur as a result of my intention to participate in the following College of Charleston study abroad program: _____. I promise to pay this sum, as well as tuition, fees, and all other charges as a result of my attendance at College of Charleston.

I understand and agree that although I will not be billed for this amount until financial aid is released for the relevant semester, there are penalties for withdrawing from this study abroad program and these will appear on my College account. Depending on the date my withdrawal notification is received by the Office of International Education and Programs, these penalties are:

Sixty-one days prior to departure or earlier: \$50 plus expenses already incurred on my behalf
Thirty-one to sixty days prior to departure: \$100 plus expenses already incurred on my behalf
One to thirty days prior to departure: \$500 plus expenses already incurred on my behalf
Date of or after departure: Full program fee

Further, I understand that in those instances when airline tickets and/or other services have been purchased by College of Charleston on my behalf, I will be responsible for any cancellation penalties arising out of my withdrawal from the program. I further understand that I will be responsible for negotiating directly with the appropriate agencies regarding any penalties or refunds caused by my withdrawal from the program.

I also understand and agree that if I do not make timely payments:

- A hold will be placed on my records. Therefore, I will be prevented from graduating, registering for future semesters, and/or securing an official transcript until the amount is paid in full along with any other charges which may occur in the meantime.
- College of Charleston may report this delinquency to a credit bureau.
- My account will be placed at a collection firm and/or litigation will be pursued if my entire indebtedness is not paid by the above indicated deadline date, in which case I will pay all collection firm fees, attorneys' fees, and other costs and charges necessary for the collection of my debt.
- I shall immediately inform the College of Charleston Treasurer's Office of any address changes.
- I consent to communications by College of Charleston with my spouse, parents, and/or other references concerning this transaction.
- I hereby assign my current or prior semester student financial aid, including Stafford Direct Loan proceeds, yet to be received, as satisfaction toward my indebtedness.
- I agree that College of Charleston may use any funds or other monetary credits which may come due to me to reduce my indebtedness.

I certify that I have read, fully understand, and agree with the entire contents of this financial repayment agreement. I hereby acknowledge receipt of a copy of this financial agreement.

Student's signature Date

Permanent address - Street Signature of Notary Public Date

City State Zip