

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 valid reason for not paying my bill on time. eBill information is available on the [Student Accounts website](#).

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 assessed as a result of my registration at Bridgewater State University.

DELINQUENT ACCOUNT/COLLECTION

Financial Hold: I understand and agree that if I fail to pay my student account bill or any monies due to Bridgewater State University by the scheduled due date a financial hold will be placed on my student account and I will not be permitted to participate in Commencement, receive Commencement tickets, make Housing Deposits, change registration, register for future classes and/or obtain official diploma/transcripts until account balances are paid in full. Bridgewater State University reserves the right to cancel class schedules for students who have outstanding balances on their accounts.

Late Payment Penalty: I understand and agree that if I fail to pay my student account bill or any monies due and owing Bridgewater State University by the scheduled due date, Bridgewater State University will assess late payment penalty at the rate of \$100 per semester.

Returned Payments: If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of \$25. I understand that multiple returned payments may result in cancellation of my classes and/or impact my ability to register for future classes at Bridgewater State University.

Collection Agency Fees: I understand and accept that if I fail to pay my student account bill or any monies due and owing Bridgewater State University by the scheduled due date, Bridgewater State University may refer my delinquent account to a third party billing agency. A \$50 pre-collection fee will be assessed on accounts referred to Heartland ECSI, our third party billing agency. Any accounts turned over to a Collection agency will incur all costs of collection. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

Massachusetts State Intercept: I understand that Bridgewater State University participates in the Commonwealth of Massachusetts State Intercept program. I further understand that Bridgewater State University may refer my delinquent account to the Massachusetts State Intercept program which will intercept my Massachusetts state income tax refunds and/or Massachusetts State Lottery winnings. Any intercepted funds will be applied towards paying my outstanding delinquent balance to Bridgewater State University.

COMMUNICATION

Method of Communication: I understand and agree that Bridgewater State University uses e-mail as an official method of communication with me, and that therefore I am responsible to read and respond to e-mails I receive from Bridgewater State University on a timely basis.

Contact: I authorize Bridgewater State University and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Bridgewater State University, or to receive general information from Bridgewater State University. I authorize Bridgewater State University and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me.

Updating Contact Information: I understand and agree that I am responsible for keeping Bridgewater State University records up to date with my current physical addresses, email

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 complete the Free Application for Federal Student Aid (FAFSA) annually. This form is available online at www.fafsa.gov.

I understand the federal processor must receive my FAFSA by March 1 to receive priority consideration for all type of financial aid. I may apply after the priority date; however, aid will be awarded on a funds-available basis.

Financial Aid award: I understand that aid described as "expected" on my Financial Aid Award does not represent actual or guaranteed payment, but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program.

I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class and my housing status upon which my financial aid eligibility was calculated. If I drop or withdraw from any class before completion, and/or change my housing status (i.e. living on-campus to commuting from home) I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked. I also understand that my Financial Aid Award may decrease as a result of program funding level decreases at the Federal and State level.

If some or all of my financial aid is revoked, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

Federal Aid: I understand that any federal Title IV financial aid that I receive, except for Federal Work Study wages, will first be applied to any outstanding balance on my account for tuition, fees, room and board. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan, PLUS Loan, and TEACH Grant programs. If I choose to authorize Bridgewater State University to apply my Title IV financial aid to other charges assessed to my student account such as student health insurance, parking permits, bookstore charges, service fees and fines, and any other education related charges, I will follow the instructions listed on the [Student Accounts website](#). I further understand that this authorization will remain in effect until I rescind it and that I may withdraw it at any time by following the instructions on the [Student Account website](#).

eRefunds: I understand eRefund is Bridgewater State University's preferred method of delivering quick, safe and secure refunds to students. I can establish an eRefund account via

[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 payments on your behalf. Authorized Users would not have access to stored payment methods, academic records or other personal information. To create an Authorized User, students must log into [eBill](#), instructions are available on the [Student Accounts website](#).

IRS FORM 1098-T

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

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 [1098-T information and instructions](#).

HEALTH INSURANCE

I understand that it is my responsibility to complete an online health insurance waiver or enrollment form annually by the stated deadline. I understand that Bridgewater State University is required to offer student health insurance to full or three-quarter time students per Massachusetts state law. I understand it is my responsibility to view my eBill/charges to determine if I am charged health insurance each semester. Failure to complete an online waiver or enrollment form will result in enrollment in the school's sponsored health plan and I will be responsible for the full health insurance premium charged to my student account. For more information visit, [University Health Plans](#).

STUDENT AGE

I understand and agree that if I am younger than the applicable age of majority when I execute this agreement that the educational services provided by Bridgewater State University are a necessity, and I am contractually obligated pursuant to the "doctrine of necessities".

ENTIRE AGREEMENT

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and Bridgewater State University, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by Bridgewater State University as necessary to comply with changes in law, regulation or policy. The provisions of this agreement are governed by the laws of the Commonwealth of Massachusetts.

I acknowledge that I have read and understand the terms appearing in this agreement.