



## STUDENT FINANCIAL RESPONSIBILITY AGREEMENT

Upon enrollment all students are bound by the Community College of Allegheny County (CCAC) Student Financial Responsibility Agreement. This agreement outlines the financial terms and conditions associated with your registration. By registering for classes, you assume financial responsibility and agree to the terms of this agreement. If you have questions or would like more information about the Student Financial Responsibility Agreement, please contact the Office of the Bursar at 412-237-3141 or [bursar@ccac.edu](mailto:bursar@ccac.edu).

### **PAYMENT OF FEES/PROMISE TO PAY**

I understand that when I register for any class at CCAC or receive any service from CCAC 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. If I decide to not attend, it is my responsibility to drop my classes as CCAC will not automatically cancel my registration. 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 CCAC 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, or if I am dropped by the College for non-attendance for 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 Drop Refund Policy at [Policies \(ccac.edu\)](http://Policies(ccac.edu)). I have read the terms and conditions of the published Drop Refund Policy 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. Any requests for reinstatements after being dropped by the College for non-attendance will be reviewed prior to a decision being rendered.

### **DELINQUENT ACCOUNTS/COLLECTIONS**

**Financial Hold:** I understand and agree that if I fail to pay my student account bill or any monies due and owing CCAC by the scheduled due date, CCAC will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma.

**Late Payment Charge:** I understand and agree that if I fail to pay my student account bill or any monies due and owing CCAC by the scheduled due date, CCAC will assess a \$15.00 late payment fee to my account for each late payment.

**Collection Agency Fees:** I understand and accept that if I fail to pay my student account bill or any monies due and owing CCAC by the scheduled due date, and fail to make official and acceptable payment arrangements to bring my account current, CCAC may refer my delinquent account to a collection agency. I further understand that if CCAC refers my student account balance to a third party for collection, a collection fee may be assessed and will be due in full at the time of the referral to the third party. The collection fee will be calculated at the maximum amount permitted by applicable law, but not to exceed 30 percent of the amount outstanding. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

### **COMMUNICATION**

**Method of Communication:** I understand and agree that CCAC uses academic e-mail as an official method of communication with me, and that therefore I am responsible for reading the e-mails I receive from CCAC on a timely basis.

**Contact:** I authorize CCAC 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 CCAC, or to receive general information from CCAC. I authorize CCAC 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. Furthermore, I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to CCAC Office of the Bursar or in writing to the applicable contractor or agent contacting me on behalf of CCAC.

**Updating Contact Information:** I understand and agree that I am responsible for keeping CCAC records up to date with my current physical addresses, email addresses, and phone numbers by following the procedure at <https://ccac.edu/enrollment/registration/registration-procedures.php>. The linked procedure is incorporated herein by reference. Upon leaving CCAC for any reason, it is my responsibility to provide CCAC with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to CCAC.

## **FINANCIAL AID**

I understand that aid described as “estimated” 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. In particular, in order to earn all financial aid awarded to me, I must attend and complete the required portion of the term in which I am enrolled per federal financial aid regulations. Please note for the summer term, if a student ONLY registers for classes that begin after June 30<sup>th</sup> (2<sup>nd</sup> 6-week session), there is no eligibility for Federal Student Financial Aid.

I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid was calculated. If I drop, withdraw, or fail to attend any class before completion, I understand that my federal financial aid will decrease and some or all of the aid awarded to me may be revoked. If some or all of my financial aid is revoked because of any of the above conditions, I agree to repay all aid that was disbursed to my account which resulted in a credit balance that was refunded to me. In addition, any undisbursed financial aid will either be returned to the Department of Education or credited to my account according to federal financial aid regulations. If any financial aid adjustments result in an outstanding balance, I will be responsible for any payment due to CCAC within 30 days.

I agree that the financial aid that I am awarded will pay any and all charges billed to my account at CCAC such as tuition, fees, meal plans, student health insurance, parking permits, service fees, fines, bookstore charges, or any other amount, in accordance with the terms of the aid.

**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 and fees. Title IV financial aid includes funds from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Stafford Loans, and Direct PLUS Loans. I authorize CCAC to apply my Title IV financial aid to other charges billed to my student account such as student health insurance, parking permits, bookstore charges, service fees and fines, and any other education related charges. I further understand that this authorization will remain in effect until I rescind it, and that I may withdraw it at any time by initiating written contact to the Executive Director of Financial Aid and the Bursar to make arrangements to pay any outstanding charges that remain.

**State Aid:** All state aid withdrawal regulations are governed by the rules of the state which granted the funds.

**Foundation, External Scholarships and/or Grants:** I understand that all external scholarships and/or grants awarded to me by outside and/or institutional sources 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. Return of scholarship funds are at the discretion of the scholarship donor.

## **METHOD OF BILLING**

I understand that CCAC uses electronic billing (e-bill) 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 e-bill does not constitute a valid reason for not paying my bill on time. Billing information is available at [Bursar & Student Accounts \(ccac.edu\)](https://ccac.edu/bursar) which includes a login to the Online Student Account Center where e-bills can be viewed and downloaded.

## **BILLING ERRORS**

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 CCAC.

## **RETURNED PAYMENTS/FAILED PAYMENT AGREEMENTS**

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 \$25.00. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with CCAC may result in cancellation of my classes and/or suspension of my eligibility to register for future classes at CCAC and certified funds may be required for future payments.

## **WITHDRAWAL**

If I decide to completely withdraw from CCAC, I will follow the instructions at [Withdrawal Procedures \(ccac.edu\)](https://ccac.edu/withdrawal) which I understand and agree are incorporated herein by reference.

## **PRIVACY RIGHTS & RESPONSIBILITIES**

I understand that CCAC is bound by the Family Educational Rights and Privacy Act (FERPA) which prohibits CCAC from releasing any information from my education record without my written permission. Therefore, I understand that if I want CCAC to share information from my education record with someone else, I must provide written permission by following the procedure outlined at [Policies \(ccac.edu\)](https://www.ccac.edu/policies). I further understand that I may revoke my permission at any time as instructed in the same procedure.

## **IRS FORM 1098-T**

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to CCAC 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 CCAC, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN. I consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from CCAC. 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 at any time.

## **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 CCAC 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 CCAC, 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 CCAC if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.