

**BROOME COMMUNITY COLLEGE
P. O. BOX 1017
BINGHAMTON, NY 13902-1017
PROMISSORY NOTE**

NAME: _____ SOC. SEC. NUMBER: _____
ADDRESS: _____ SEMESTER: FALL _____
CITY/STATE: _____ SPRING _____ Other _____
(yr)
(yr)

I promise to pay to **BROOME COMMUNITY COLLEGE**, the total balance of my student account upon receipt of my student loan funds but in no case will the payment be submitted later than the last day of the current semester.

I understand that BROOME COMMUNITY COLLEGE is willing to defer payment of my tuition and fee charges based upon an approved Federal Family Education Loan.

I understand that, should I become ineligible to receive these Loans due to non-attendance or poor attendance or withdrawal from classes my financial obligation to BROOME COMMUNITY COLLEGE remains **and** my obligation to repay this note will not be eliminated.

I understand that if I fail to follow official drop procedures and am administratively dropped from classes, my loan may be cancelled or reduced and my responsibility to repay the full amount of this note remains unchanged.

I promise to pay all reasonable collections costs (33 1/3%), which will be added to the principal amount listed above, plus attorney fees and other court costs necessary for the collection of any amount not paid when due.

I understand that the full amount of my tuition bill will be paid out of the proceeds of my Federal Family Education Loan (Federal Stafford, Federal Unsubsidized Stafford or Federal Parent Plus).

I understand that failure to abide by the terms of this agreement will result in the COLLEGE not providing services of transcripts and/or future registrations.

I have read, understand and agree to all foregoing terms and conditions.

(Date)

(Student Signature)

(Date)

(Authorized College Designee)

STUDENTS UNDER 18 YEARS OF AGE MUST HAVE THIS AGREEMENT CO-SIGNED BY A PARENT OR GUARDIAN.

I have read, understand and agree to all foregoing terms and conditions and agree to assume responsibility for the terms and conditions should the signer of the document default.

(Date)

(Cosigner Signature)

(Cosigner Telephone)

(Address of Cosigner)

THIS AGREEMENT COVERS THE SEMESTER INDICATED ONLY. A NEW AGREEMENT MUST BE SUBMITTED FOR EACH SUBSEQUENT SEMESTER.