

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

The following individual will be receiving \$ _____ per month while remaining at _____ semester hours. Chapter _____.
 Chapter 33. The following individual will be receiving _____%.

Veterans School Certifying Official

PROMISSORY NOTE

NAME: _____

Broome ID: _____

ADDRESS: _____

SEMESTER: FALL _____ SPRING _____ Other _____
(yr) (yr)

CITY/STATE/ZIP: _____

I promise to pay to **BROOME COMMUNITY COLLEGE**, the total balance of my student account no later than the last day of the current semester or term.

I understand that BROOME COMMUNITY COLLEGE is willing to defer payment of my tuition and fee charges based upon the expected receipt of Veterans Benefits.

I understand that, should I become ineligible to receive these Grants/Loans/Benefits due to **non-attendance or poor attendance, withdrawal from classes or any other reason**, my financial obligation to BROOME COMMUNITY COLLEGE **remains and** my obligation to repay the total balance of my student account will not be eliminated.

I understand that if I fail to follow official drop procedures and am administratively dropped from classes, I must repay the full amount of the total balance of my student account.

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

I understand that this agreement is based on my Veteran Benefits. 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 OR TERM.