

UNIVERSITY COLLEGE

Washington University in St. Louis

INTENT TO PAY FORM

STUDENT INFORMATION		
DATE	SEMESTER / YEAR	
LAST NAME	FIRST NAME	STUDENT ID
EMAIL	EMPLOYER	

COURSES	<u>Course Number(s) / Sections(s)</u>	<u>Tuition Charge</u>	<u>Amount Reimbursed</u>
		\$	\$
		\$	\$
		\$	\$

I agree to pay the outstanding balance on my Washington University student account by the applicable due date. If payment is not remitted by the due date, I agree to pay a late fee of at least \$50 or 2% of the outstanding balance and any costs associated with the collection of the outstanding balance, including but not limited to collection agency costs, court costs, and legal fees. I understand that a hold will be placed on my account, and I will not be eligible to register or attend any course until the outstanding balance is settled. I understand University College will cancel any registration already processed for a subsequent semester.

Fall Due Date: **January** Spring Due Date: **June** Summer Due Date: **Deferred Payment Not Available**

STUDENT SIGNATURE

DATE

Routing Instructions

Remit **1)** Intent to Pay form, **2)** Written verification of the amount to be paid by the employer (on company letterhead), and **3)** Company's tuition reimbursement policy to:

University College, Washington University in St. Louis, Attn: Vicki Ruh, Campus Box 1085, 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105 **or** Fax to Vicki's attention at (314) 935-4847 **or** email vrüh@wustl.edu.

University College Approval

SIGNATURE