



Washington University in St. Louis

UNIVERSITY COLLEGE IN ARTS & SCIENCES

Intent to Pay Form

Date _____ Semester/Year _____

Student Name (last, first) _____

Student ID / SSN _____

E-mail address _____

Employer _____

| <u>Course Number(s) / Sect(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 42** Spring Due Date: **June 42** Summer Due Date: **Deferred Payment Not Available**

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 to her at vruh@wustl.edu

University College Approval:

Signature: _____ Date: _____