



**Northwest**  
UNIVERSITY

**Program / Year/ Term**

- |   |  |
|---|--|
| <input type="checkbox"/> Undergrad            | <input type="checkbox"/> Fall / 20__   |
| <input type="checkbox"/> Adult Evening/Online | <input type="checkbox"/> Spring / 20__ |
| <input type="checkbox"/> Graduate Program     | <input type="checkbox"/> Summer / 20__ |

**Special Tuition Rate**

Name \_\_\_\_\_ ID# \_\_\_\_\_

NU email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Major \_\_\_\_\_ Concentration/Endorsement/Minor \_\_\_\_\_

**Tuition Rate Package:**

**Audit Only** (20% of current over 18 tuition Rate) \$ \_\_\_\_\_ Per Credit

**Seminar Rate** (20% of current over 18 tuition Rate) \$ \_\_\_\_\_ Per Credit

**Target Graduation** (Current Online BA tuition Rate) \$ \_\_\_\_\_ Per Credit

- Current Adult/Evening Student: Final semester with 9 credits or less to complete
- Prior Undergraduate Student: whose expected graduation date has passed, with 9 credits or less to complete (verified by Registrar's Office \_\_\_\_\_)

**Special Offering** ( \_\_\_\_\_ )

**Requested Courses**

Dept (ARTE)	Number (1022)	Section (00)	Course Title	Credit	Permission (if required)
Total					

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor's Review** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registrar's Office** \_\_\_\_\_ **Date** \_\_\_\_\_

**SEE NEXT PAGE FOR MASTER FINANCIAL AGREEMENT  
- SECOND SIGNATURE REQUIRED -**

Notifications:  
 \_\_\_\_\_ Date  
 \_\_\_\_\_ Acctg      \_\_\_\_\_ SFS  
 \_\_\_\_\_ VA        \_\_\_\_\_ Computer

## Northwest University Master Financial Agreement

1. I agree that I will repay any amounts owed to Northwest University (the "University") according to the terms of this agreement ("Agreement").
2. I understand and agree that by registering for classes each semester, I will incur tuition costs and fees. I also understand that I am responsible for any other charge I incur, including, but not limited to, charges for adding and dropping classes, room & board charges, fees, late fees, adjustments to financial aid, long distance phone charges, bookstore purchases, fines, etc. All amounts I owe the University should be placed on my student account.
3. I will pay in full all of my tuition cost and fees not later than the first day of each semester, and pay in full any outstanding balance, other charges, fees, costs, adjustments, etc., not later than the first day of the month following the month in which the charge was incurred ("payment due date").
4. I understand that I may seek arrangements with other financial institutions to make payments on an installment plan.
5. I understand and agree that the offering of financial aid does not assume the disbursement of funds and it is solely my responsibility to confirm the application of financial aid and credits to my student account.
6. I understand and agree that if I become delinquent in payment of my student account, the University may suspend my long distance telephone, internet, meal and/or housing privileges, I may be suspended from class, or I may be withdrawn from the University, as set forth in the University's then current catalog, with I understand and agree is subject to change in the University's sole discretion, at any time.
7. **I agree that A LATE PAYMENT FEE will be charged to my student account if payment in full is not received by the payment due date as follows:**
  - **\$0.00-\$25.00 – No late fee**
  - **\$25.01 and above – 1.5% per month**
  - **Total monthly late fee not to exceed \$100.00**
8. I understand that if I register for a semester but I do not attend classes and wish to cancel my registration, I must do so in writing to the Registrar's Office prior to the start of each semester.
9. If I register for a semester and attend classes but later wish to withdraw from classes, I will be subject to the withdrawal policy as set forth in the then current University catalog (or by amendment to the catalog), which catalog I agree is subject to change in the University's sole discretion, at any time.
10. I authorize the University to pursue payment of my account using means it deems appropriate. In the event that I do not pay in full amounts owed on my student account by the payment due date, I understand that the University may assign the unpaid balance to a third party collection agency. I agree to pay the administrative fees and/or collection fees charged by the collection agency and allowed by law, which may be added to my account at that time. Should further assistance be required to collect amounts I owe, I agree to pay any additional expense incurred in the collection or attempted collection of the amounts I owe, including, but not limited to , reasonable cost of collection, attorney fees, expenses and court costs.
11. I understand that neither official academic transcripts nor my diploma will be released until my account with the University has been paid in full.
12. I understand this document will remain in effect for all semesters in which I am considered a student, as defined by the then current University Catalog. The terms of the Agreement remain in effect even if I am no longer a student at the University.

*I certify that the information and/or preferences contained in this document are correct and accurate to the best of my knowledge.*

**Student Name (please print)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_