

# **Enrollment and Financial Agreement**

**Student Services** 

2024-2025

160 East Tenth Street, Claremont, CA 91711 ● Ph. (909) 607-9448 ● Fax (909) 607-7285

THIS IS NOT A FORM FOR APPROVAL OR SIGNATURE. THIS IS A COPY OF THE TEXT OF THE 2024-2025 AGREEMENT ONLY.

#### **ENTIRE AGREEMENT**

I understand that this agreement applies to all terms in the 2024-2025 academic year (summer, fall, spring terms inclusive). This supersedes all prior enrollment and financial agreement understandings, representations, negotiations and correspondence of enrollment and financial agreements between the student and Claremont Graduate University, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by Claremont Graduate University if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.

## **DEGREE REQUIREMENTS**

I understand that the degree requirements pertaining to my degree(s) are found in the Bulletin of whichever is more recent of my admission or reinstatement year. I also understand that I am required to maintain a student status for the duration of my period of study at Claremont Graduate University (CGU), and that the requirements for maintenance of student status are also found in the Bulletin (<a href="https://bulletin.cgu.edu/">https://bulletin.cgu.edu/</a>) or on the Registrar's website (<a href="https://my.cgu.edu/registrar/students/academic-policies/">https://my.cgu.edu/registrar/students/academic-policies/</a> > Maintaining Student Status).

#### **RIGHT TO CANCEL**

I understand that, if I have paid tuition and fees but do not plan to enroll in classes for a semester or module, I must cancel my registration through a registration (Add/Drop) form to receive a refund, and that the semester or module to be cancelled and reason for cancellation must be included. I understand that pursuant to California Educational Code § 94909, I have the right to cancel this enrollment agreement and obtain a refund of charges paid through attendance at the first scheduled class session or the seventh day after enrollment (whichever is later) if a Registration (Add/Drop) Form cancelling enrollment is received in the Registrar's Office no later than the seventh day after enrollment. I understand that I will receive a full refund of charges paid to Claremont Graduate University except for the nonrefundable tuition deposit. If I cancel registration, I further understand that I will lose any medical insurance coverage and benefits purchased through Claremont Graduate University.

#### TIME TO DEGREE

I acknowledge that students in master's level programs are given five years to complete their degree (six years for MBA degrees), and seven years for doctoral degrees. I understand that this amount of time may be shortened up to one year if transfer credit is applied to my degree, and that if I exceed the timeframe I may not be permitted to register for any future terms. I also understand that if additional time is needed, I may request it through an Extension of Time for Degree request, found at <a href="http://my.cgu.edu/registrar/forms">http://my.cgu.edu/registrar/forms</a>.

#### COMMUNICATION

**Method of Communication:** I understand and agree that Claremont Graduate University uses e-mail as the official method of communication with me. Therefore, <u>I understand and agree that notice can be, and will be, provided to me through my Claremont Graduate University email address and <u>I</u> am responsible for regularly accessing my official Claremont Graduate University email address and reading the e-mails I receive from Claremont Graduate University.</u>

**Contact:** I authorize Claremont Graduate University and its agents and contractors to use all contact information, including but not limited to phone number(s), email address(es) or wireless device (s) to receive information from Claremont Graduate University. I authorize Claremont Graduate University and its agents and contractors to use automated telephone dialing equipment, artificial or prerecorded voice or text messages, and personal calls and emails, in their efforts to contact me.

**Updating Contact Information:** I understand and agree that I am responsible for keeping Claremont Graduate University records up to date with my current physical address each term, email addresses, and phone numbers via my student portal or by submitting a Change of Personal Information form to the Registrar's Office, found at <a href="https://my.cgu.edu/registrar/forms/">https://my.cgu.edu/registrar/forms/</a>. Upon leaving Claremont Graduate University for any reason, it is my responsibility to provide Claremont Graduate University with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Claremont Graduate University.

#### **PRIVACY RIGHTS & RESPONSIBILITIES**

I understand that Claremont Graduate University is bound by the <u>Family Educational Rights and Privacy Act (FERPA)</u>, which prohibits Claremont Graduate University from releasing protected information from my education record without my written permission. Therefore, I understand that if I want to permit Claremont Graduate University to share protected information from my education record with someone else, I must provide written permission by following the procedure outlined at

https://www.cgu.edu/registrar/students/academic-policies> students > Academic Policies > Student Privacy Policy/FERPA. I further understand that I may revoke my permission at any time as instructed in the same procedure. I am aware that CGU has designated the following student information as directory information and understand that unless I restrict this information directory information may be released to third parties without consent: name, CGU e-mail address, degree/certificate program of study, concentration of study, dates of attendance, degrees, certificates, and honors received, including the conferral date, most recent previous institution attended, photograph, published dissertation/thesis title. I understand that the full FERPA policy of this institution may be found in the Bulletin (http://bulletin.cqu.edu) or on the Registrar's website (https://my.cqu.edu/registrar/students/academic-policies/> Student Privacy Policy/FERPA).

#### STUDENT AGE

I understand and agree that if I am younger than the applicable age of majority when I execute this agreement that the educational services provided by Claremont Graduate University are a necessity, and I am contractually obligated pursuant to the "doctrine of necessaries."

#### **TERM-BASED TRANSACTIONS**

I understand that CGU adheres to a term-based transaction policy, meaning that any changes to enrollment and tuition must be made within the semester or module to which those changes apply not only to ensure institutional efficiency, but also to comply with federal, state, accreditation, and other regulations. I further understand that unless otherwise disputed before the end of the semester or module, all records are considered complete, accurate, and permanent.

#### **BASIC CODE OF CONDUCT**

Claremont Graduate University is committed to maintaining a community and environment that promotes our educational mission of preparing a diverse group of outstanding individuals to assume leadership roles in the worldwide community through research, teaching, and practice in selected fields. Students, faculty, and staff are expected to respect the person and property of all constituents, and the educational and administrative processes and policies of Claremont Graduate University and The Claremont Colleges. I understand and agree to review the Basic Code of Conduct (<a href="https://cqu.policystat.com/policy/8962136/latest/">https://cqu.policystat.com/policy/8962136/latest/</a>) and that violation of the code of conduct may result in disciplinary action up to and including dismissal.

#### **PAYMENT OF FEES/PROMISE TO PAY**

I understand that when I register for any class at Claremont Graduate University or receive any service from Claremont Graduate University, I accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Claremont Graduate University is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date, as follows: <a href="https://my.cgu.edu/registrar/calendars/">https://my.cgu.edu/registrar/calendars/</a> > term > Tuition and Fees Payment Deadlines.

I understand and agree that if I drop or withdraw from some or all the classes for which I register, I may be responsible for paying all or a portion of tuition and fees outstanding. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

#### **FINANCIAL AID**

I understand that aid described as "estimated" or "anticipated" on my Financial Aid Award does not represent actual or guaranteed payment but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program. I understand that my Financial Aid Award is contingent upon my continued enrollment, attendance in each class, and overall satisfactory academic progress upon which my financial aid eligibility was calculated. If I drop any class before completion or do not enroll in the appropriate number of units, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked. If all or a portion of all of my financial aid is revoked because I dropped or failed to attend class, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

I give permission to Student Accounts to use any financial aid that I receive to pay all charges assessed to my account at Claremont Graduate University such as tuition, fees, campus housing and/or meal plans, student health insurance, parking, service fees, fines, bookstore charges, or any other amount, in accordance with the terms of the aid.

**Federal Aid:** I understand that any federal Title IV financial aid that I receive, except for Federal Work Study wages, will first be applied to any outstanding balance on my account for tuition, fees, room and board. Title IV financial aid includes but is not limited to Direct

Loan, PLUS Loan, Perkins Loan, and TEACH Grant programs. I authorize Claremont Graduate University to apply my Title IV financial aid to other charges assessed to my student account such as student health insurance, parking permits, bookstore charges, service fees and fines, and any other education related charges. I further understand that this authorization will remain in effect until I rescind it and that I may withdraw it at any time by contacting the Financial Aid Office at 160 E. Tenth St., Claremont, CA 91711 (finaid@cqu.edu).

**Prizes, Awards, Fellowships, Grants, Stipends:** I understand that all prizes, awards, fellowships, grants, and stipends awarded to me by Claremont Graduate University will be credited to my student account and applied toward any outstanding balance. I further understand that my receipt of a prize, award, fellowship, grant, or stipend is considered a financial resource according to federal Title IV financial aid regulations and may therefore reduce my eligibility for other federal and/or institutional financial aid (i.e., loans, grants, Federal Work Study) which, if already disbursed to my student account, must be reversed and returned to the aid source. I further agree that if I have received refunds related to any prize, award, fellowship, stipend, grant, or loan that I am liable to Claremont Graduate University for any amount that has been reversed and previously refunded.

#### **METHOD OF BILLING**

I understand that Claremont Graduate University does not utilize a 3<sup>rd</sup> party billing servicer and generates an e-bill that I am responsible for viewing and paying by accessing my PeopleSoft Student Portal (<a href="http://sis.cgu.edu">http://sis.cgu.edu</a>) by the scheduled due date. I further understand that failure to review my account does not constitute a valid reason for not paying my bill on time. E-bill information is available at: <a href="https://my.cgu.edu/student-accounts/">https://my.cgu.edu/student-accounts/</a>

#### **BILLING ERRORS**

I understand that administrative, clerical, or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Claremont Graduate University.

#### WITHDRAWAL AND TUITION REFUNDS

I recognize that if I withdraw from any classes officially or unofficially that I may be liable for tuition and fees according to the applicable refund schedule listed in the University Bulletin and posted on the Claremont Graduate University academic calendar website (<a href="https://my.cqu.edu/registrar/calendars">https://my.cqu.edu/registrar/calendars</a>), wherein I may be responsible for the prorated percentage of my tuition and fees not refunded. If I am an online student residing outside of the state of California, I may be covered by a cancellation and refund policy as required by the higher education regulatory agency in my state that will take precedence over the polices listed here. If I decide to completely withdraw from Claremont Graduate University, I will follow the instructions at <a href="https://my.cqu.edu/registrar/students/student-status/">https://my.cqu.edu/registrar/students/student-status/</a> Withdrawal. If I fail to register for either fall or spring semester courses, I understand that I may be involuntarily withdrawn for lack of enrollment, and that the last date of attendance and date of withdrawal will be determined by the University Registrar. I also understand that financial aid revisions may result based on federal regulations. I acknowledge that students enrolled in an online course or degree program are subject to the same registration deadlines and withdrawal policies that students in on-ground courses or degree programs must abide by. I further acknowledge that a withdrawal from the university or a leave of absence does not exempt me from paying tuition and fees from prior semesters and I agree to pay such fees in accordance with Claremont Graduate University payment deadlines.

## IRS FORM 1098-T

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to Claremont Graduate University upon request as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to Claremont Graduate University, I agree to pay all IRS fines assessed as a result of my missing SSN/TIN.

I consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from Claremont Graduate University. I understand that by completing this agreement I consent to receive my Form 1098-T electronically, a paper copy will not be provided. I understand that I can withdraw this consent or request a paper copy by notifying the Student Accounts Office at 160 E. Tenth St., Claremont, CA 91711 (student.accounts@cgu.edu).

# RETURNED PAYMENTS/FAILED PAYMENT AGREEMENTS

If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of \$35.00. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with Claremont Graduate University may result in cancellation of my classes and/or suspension of my eligibility to register for future classes at Claremont Graduate University.

# DELINQUENT ACCOUNT/COLLECTION

**Financial Hold:** I understand and agree that if I fail to pay my student account bill or any monies due to Claremont Graduate University by the scheduled due date, a financial hold will be placed on my student account. This will prevent me from registering for future classes, changing my current class schedule, requesting transcripts, or receiving my diploma per University policy: <a href="https://my.cgu.edu/student-accounts/delinquent-accounts/">https://my.cgu.edu/student-accounts/delinquent-accounts/</a>

**Late Payment Charge:** I understand and agree that if I fail to pay my student account bill or any monies due and owing Claremont Graduate University by the scheduled due date, Claremont Graduate University will assess late payment and/or finance charges at the rate of 1.5% per month on the past due portion of my student account until my past due account is paid in full.

**Collection Agency Fees:** I understand and accept that if I fail to pay my student account bill or any monies due and owing Claremont Graduate University by the scheduled due date, and/or fail to make acceptable payment arrangements to bring my account current, Claremont Graduate University may refer my delinquent account to a collection agency subject to the Fair Debt Collection Practices Act. I understand that my delinquent account may be reported to one or more of the national credit bureaus as allowed under the Fair Debt Credit Reporting Act.

Collection Agency Contact: I authorize Claremont Graduate University and its agents and contractors to use all contact information, including but not limited to phone number(s), email address(es) or wireless device (s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Claremont Graduate University, or to receive information from Claremont Graduate University I authorize Claremont Graduate University and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call my cellular phone regarding delinquent account issues by submitting my request in writing to the Student Accounts Office, 150 E. 10th St., Claremont, CA 91711 or <a href="mailto:student.accounts@cgu.edu">student.accounts@cgu.edu</a>; or in writing to the applicable contractor or agent contacting me on behalf of Claremont Graduate University.

#### NOTICE

You may assert against the holder of the promissory note you signed to finance the cost of the educational program all claims and defenses that you could assert against this institution, up to the amount you have already paid under the promissory note.

#### **HEALTH INSURANCE**

I agree that I will familiarize myself with the requirements specific to my citizenship and enrollment status through the CGU Health Insurance website (<a href="https://my.cqu.edu/health-insurance/">https://my.cqu.edu/health-insurance/</a>) and I acknowledge that if I am eligible for a health insurance waiver I will complete the waiver process by the deadline specified in the Academic Calendar.

**Domestic and undocumented students:** I acknowledge that all domestic and undocumented students enrolled at CGU in 6 or more units are required to maintain health insurance coverage and that I will either enroll in the CGU health insurance plan or waive out. I understand that I may be eligible to waive out by showing proof of comparable coverage. If enrolled in fewer than 6 units, I am not required to take action but may opt in to the CGU health insurance plan. I acknowledge and agree that if I am a domestic or undocumented student enrolled in 6 or more units, I must complete the waiver by the deadline specified in the Academic Calendar and if I do not do so I will receive a registration hold until I provide proof of comparable insurance or enroll in the CGU health insurance plan.

**International students:** I acknowledge that international students on F-1 and J-1 visas, whose active SEVIS record is held by CGU, are required to enroll in the GeoBlue Accident and Sickness plan or waive out. I acknowledge and agree that if I am an international student I must complete the waiver by the deadline specified in the Academic Calendar and if I do not do so I am accepting the GeoBlue Accident and Sickness plan and I agree to pay for this insurance coverage.

I understand that this is a legally binding contract. My signature on this document or digital acceptance certifies that I have read, understand, and agree to my rights and responsibilities as set forth in the Claremont Graduate University Bulletin (bulletin.cgu.edu) and as stated in this agreement.

A copy of the text of this agreement can be found at <a href="https://my.cgu.edu/registrar/forms/">https://my.cgu.edu/registrar/forms/</a>.

### **QUESTIONS OR CONCERNS**

Questions or concerns regarding Claremont Graduate University's compliance with the terms of this agreement may be directed to the Student Services, 150 E. 10th Street, Claremont, CA 91711; (909) 607-9448; fax (909) 607-7285. Questions or concerns that are not satisfactorily resolved by Claremont Graduate University officials may be brought to the attention of the California Bureau for Private Postsecondary Education: 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833; phone: (916) 431-6959; fax: (916) 263-1897.

Questions or concerns relating to digitally accepting this agreement in the Claremont Graduate University student information system (PeopleSoft) may be directed to the CGU Helpdesk: ACB 303, 130 E. 9th Street, Claremont, CA 91711; (909) 621-8174 or helpdesk@cqu.edu.