

Please carefully read the following information.

PAYMENT OF FEES/PROMISE TO PAY I understand that when I register for any class at Dunwoody College of Technology (DCT) or receive any service from DCT, 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 DCT 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 or enrollment in the institutional payment plan.) I further understand that my failure to attend class or receive a DCT Billing Statement (bill) does not absolve me of my financial responsibility as described above.

DELINQUENT ACCOUNT/COLLECTION

Financial Hold: I understand and agree that if I fail to pay my bill/any money I owe to DCT by the scheduled due date, DCT will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma until the account is satisfied in full.

Payment Late Fee: I understand and agree that if I fail to pay my bill/any money I owe to DCT by the scheduled due date(s) and I am not enrolled in the Tuition Payment Plan, DCT will assess a \$100 late fee to my student account each semester.

Payment Default Fee: I understand and agree that if I fail to pay my bill/any money I owe to DCT by the scheduled due date(s), DCT will assess default fees at the rate of 1% per month on the past due portion of my student account until my past due amount is paid in full or I am no longer enrolled at DCT.

Collection Agency Fees: I understand and accept that if I fail to pay my bill/any money I owe to DCT by the scheduled due date(s), and fail to make acceptable payment arrangements to bring my account current, DCT may refer my delinquent account to a collection agency. I further understand that if DCT refers my student account balance to a third party for collection, a collection fee will be assessed and will be added to my outstanding balance at the time of the referral to the third party. I am responsible for paying the collection fee, which may be based on the maximum amount permitted by applicable law, but not to exceed 34% of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that DCT will use my social security number for external credit reporting to one or more of the national credit bureaus and/or for collection purposes for all charges incurred against this account.

COMMUNICATION I understand and agree that DCT uses the assigned Dunwoody email as an official method of communication with me, and that therefore I am responsible for reading the emails I receive from DCT on a timely basis. I authorize DCT and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to DCT, or to receive general information from DCT. I authorize DCT 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 by submitting my request in writing to Student Accounts or in writing to the applicable contractor or agent contacting me on behalf of DCT.

Updating Contact Information: I understand and agree that I am responsible for keeping DCT records up to date with my current physical addresses, email addresses, and phone numbers by updating my.dunwoody.edu. Upon leaving DCT for any reason, it is my responsibility to provide DCT and my student loan provider(s) with updated contact information for purposes of continued communication regarding any amounts I owe to DCT or my lenders.

FINANCIAL AID I understand my Financial Aid Award Offer may not represent actual or guaranteed payment, and could change due to the availability of funds, changes in my enrollment status, eligibility and departmental review. I understand that my Financial Aid Award is contingent upon my continued enrollment in courses leading to a degree while attending DCT. I further understand that my financial aid is determined based on my enrollment status each academic semester and may change based on schedule changes after the initial award offer is sent to me. I acknowledge that my financial aid may be suspended based on the Student Academic Probation and Warning (SAP) and Progression (PACE) Concerns policy published online. As a result, I will be responsible to pay all charges while attending any semester that my financial aid is suspended. I agree to allow financial aid I receive to pay any and all charges assessed to my account at DCT such as tuition, fees, 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 and fees. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan, and PLUS Loan. I authorize DCT to apply my Title IV financial aid to other charges assessed to my student account such as bookstore charges, service fees and fines, and any other education related charges.

Prizes, Awards, Scholarships, Grants: I understand that my receipt of a prize, award, employer tuition reimbursement, scholarship or grant from all sources is considered a financial resource according to federal Title IV financial aid regulations, and may therefore reduce my eligibility for other federal and/or state 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 have read and accept my responsibilities listed: _____ (initial)

METHOD OF BILLING I understand that an initial statement will be mailed to my legal/home/permanent address on file with Dunwoody starting approximately 4 weeks prior to the semester starting. After the semester has started, I will receive only email notifications to view my bill online at Launchpad.dunwoody.edu via the Statements & Payments tile. I am, therefore, responsible for viewing and paying my bill by the scheduled due date(s). This is the official billing method for DCT and thus no paper bills will be mailed to me once the semester has begun. I further understand that failure to review my bill does not constitute a valid reason for not paying my bill on time. Billing information is available online only.

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 DCT.

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 \$30.00. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with DCT may result in a requirement of your entire balance being due prior to the semester starting, cancellation of my classes, and/or suspension of my eligibility to register for future classes at DCT.

WITHDRAWAL If I decide to completely (voluntarily or involuntarily) withdraw from DCT, I will follow the instructions which I understand and agree are incorporated herein by reference. If I withdraw, I understand that my charges and financial aid may be adjusted based on the refund policies in the Catalog/Student Handbook at www.dunwoody.edu. I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule in the Dunwoody Catalog/Handbook online.

PRIVACY RIGHTS & RESPONSIBILITIES I understand that DCT is bound by the Family Educational Rights and Privacy Act (FERPA) which prohibits DCT from releasing any information from my education record without my written permission. Therefore, I understand that if I want DCT to share information from my education record with someone else, I must provide written permission by completing the Consent to Release Education Records form with the Registrar's Office. I further understand that I may revoke my permission at any time as instructed in the same procedure.

DUNWOODY ISSUED LAPTOPS I understand that Dunwoody provides students (exceptions apply) with a laptop computer to use each academic year they are enrolled. Dunwoody reserves the right to inspect the computer at any time upon request. The use of the Dunwoody issued laptop is terminated at the end of each academic year (defined as the last day of Spring semester unless enrolled for the summer session) or the last day of attendance/academical-related activity, whichever comes first. Failure to return the Dunwoody laptop at the end of each academic year, or the last day of attendance/academical-related activity, may result in my account being assessed a \$1,800 non-returned laptop fee in accordance with the Failure to Return Laptop policy in the Catalog/Student Handbook at www.dunwoody.edu. I further understand that it is my responsibility to return the laptop with or without communication from the school.

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 DCT are a necessity, and I am contractually obligated pursuant to the "doctrine of necessities."

IRS FORM 1098-T I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to DCT upon request as required by Internal Revenue Service (IRS) regulations for 1098-T Form reporting purposes. If I fail to provide my SSN or TIN to DCT, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN. I consent to receive my annual IRS 1098-T Form electronically from a third party contracted with DCT. I understand that if I do not consent to receive my 1098-T Form electronically, a paper copy will be provided. I understand that I can withdraw this consent or request a paper copy by contacting the Accounting Office.

ENTIRE AGREEMENT This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and DCT, 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 DCT if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification. If I leave DCT during the semester, I forfeit my right to use the payment plan and balance will be due in full immediately.

APPLICANT DECLARATION OF ACCURACY By my signature, I attest that I understand all of the information provided on this form and that I am ultimately responsible for all anticipated expenses accrued while attending Dunwoody College of Technology. Failure to follow any of the information outlined above may result in my being denied registration to future years (terms) at Dunwoody College of Technology.

- ☐ I WILL be completing the 2023-2024 FAFSA and using financial aid (scholarships, grants, and federal loans).
- ☐ I WILL NOT be completing the 2023-2024 FAFSA and will be paying my expenses by other means.

Signature of applicant: _____ Date: _____

Name of applicant (please print): _____