



STUDENT FINANCIAL RESPONSIBILITY AGREEMENT

Payment of Tuition, Fees and Other Associated Costs/Promise to Pay

I understand that when I register for any class at the MGH Institute of Health Professions or receive any service from the MGH Institute of Health Professions, 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 the MGH Institute of Health Professions 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.

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](#). 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.

I understand that this Agreement will remain in effect for current and future registrations at the Institute and/or receipt of services from the Institute.

Please visit the Bursar's Office webpage for [information about payment options](#).

Electronic Consent

I understand that MGH Institute of Health Professions uses electronic billing as its official billing method, and therefore I am responsible for viewing my student account through IOnline and paying my balance due by the scheduled due date. I further understand that failure to review my student account does not constitute a valid reason for not paying my bill on time. Billing information is available on the Bursar webpage in the [billing section](#).

IRS Form 1098-T

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to the MGH Institute of Health Professions 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 the Institute, 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 Form 1098-T, Tuition Statement, electronically from the MGH Institute of Health Professions. I understand that if I do not consent to receive my Form 1098-T electronically, a paper copy will be provided. I understand that I can withdraw this Consent by submitting a request in writing to [The Bursar's Office](#).

Responsibility

I understand and agree that I am responsible for keeping my MGH Institute of Health Professions student records up to date with my current physical addresses, email addresses, and phone numbers using my [Online account](#). Upon leaving the Institute for any reason, it is my responsibility to provide the Institute with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to the MGH Institute of Health Professions.

I authorize the MGH Institute of Health Professions 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 the Institute, or to receive general information from the Institute.

I authorize the MGH Institute of Health Professions 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 a request in writing to [The Bursar's Office](#) or to the applicable contractor or agent contacting me on behalf of the Institute.

Late Payment Charge

I understand and agree that if I fail to pay my student account bill or any monies due and owing the MGH Institute of Health Professions by the scheduled due date, the MGH Institute of Health Professions will assess late payment fees as explained in [the fee section](#) of our tuition and fees webpage until my past due account is paid in full.

Financial Hold

I understand and agree that if I fail to pay my student account bill or any monies due and owing the MGH Institute of Health Professions by the scheduled due date, the Institute of Health will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma. I understand that I will also lose access to the Institute's learning management system, D2L, preventing me from participating in classwork until my account balance 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 owed to the MGH Institute of Health Professions by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, the Institute may refer my delinquent account to our established collection agency. I further understand that I am responsible for paying **any** collection agency fees, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

Privacy Rights and Responsibilities

I understand that the MGH Institute of Health Professions is bound by the Family Educational Rights and Privacy Act (FERPA) which prohibits the Institute from releasing any information

from my education record without my written permission. Therefore, I understand that if I want the Institute to share information from my education record with someone else, I must provide written permission by submitting an [Authorization to Disclose Information Form](#). I further understand that I may revoke my permission at any time as instructed in the same procedure.

Final Acknowledgement

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 the MGH Institute of Health Professions 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.

Entire Agreement

This agreement supersedes all prior understandings, representations, negotiations, and correspondence between the student and MGH Institute of Health Professions, 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 MGH Institute of Health Professions if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.