

Office of Student Accounts

Stony Brook, NY 11794-1301
studentbilling@stonybrook.edu

TEL: 631.632.2455
FAX: 631.632.1308

Please complete all required information. **Please use black or blue pen.**

PART ONE: STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Student

Name: _____
 Legal Last Legal First Preferred First Middle

Stony Brook ID Number _____

PART TWO: PRE-ENROLLMENT STATEMENT OF FINANCIAL RESPONSIBILITY

- Any financial obligations are payable by the student and/or the parent/legal guardian of the student if the student is a minor. These financial obligations include, but are not limited to: tuition, comprehensive fees, activity fee, course fees, fines (library, parking) and transcript costs.
- I understand that the failure of the student to successfully complete the course or withdraw from the course by University deadlines does not relieve the student/parent/guardian of the financial responsibility of any other costs incurred.
- I understand that if full payment has not been made by the due date, a “hold” will be placed on the student record restricting registration and from obtaining a transcript, until the account is paid in full.
- I understand that if any portion of the account remains unpaid by the due date, late payment fees may be assessed to the account.
- I understand that if any portion of the account remains unpaid at the end of the semester, the account will be forwarded to a collection agency. A collection fee equal to 22% of the amount due, including interest may be added to the amount you owe.

Parent/Guardian/Student: By signing this document, I agree to accept the financial responsibility as outlined in Part Two.

PART THREE: STUDENT RESPONSIBILITY

- Students are responsible for reviewing, understanding, and abiding by the University's regulations, procedures, requirements, and deadlines as described in official publications. This includes, by way of example only, the Undergraduate Bulletin, the University Conduct Code, the Student Handbook, and class syllabi and schedules.

Parent/Guardian/Student: By signing this document, I understand the registration information as outlined in Part Three.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____