

**QUINNIPIAC UNIVERSITY
CIGNA COHORT TUITION BENEFIT PROMISSORY NOTE**

Student Name _____

Address _____

City, State & Zip Code _____

THIS IS A LEGAL DOCUMENT: PLEASE READ CAREFULLY BEFORE SIGNING

This note is given to the University as evidence of my indebtedness for tuition, in consideration of permission extended to me by Quinnipiac University to make settlements in accordance with the terms of my employer's education policy as verified in my company's letter of verification. Cigna will reimburse me at the end of each session once grades have been posted. I acknowledge that I will owe Quinnipiac University for the cost of tuition and books. I will owe \$1,835 for the first course and \$250 for each session (\$500 per semester) to cover the cost of books. For each course after the first, I will owe Quinnipiac University \$1,833 plus the additional \$250 for each session's book expenses for the Health Care Compliance Certificate, for a total of \$12,500.

I will submit my official grade(s) promptly to my employer in order to facilitate the invoicing and reimbursement process. I acknowledge that I will have five weeks after the semester ends, and grades have been entered, to have payment submitted to Quinnipiac to cover tuition and book charges. **Regardless of the amount of tuition reimbursement I received from my employer, I acknowledge that I am responsible for full payment.** It is also understood and agreed that the discontinuance of my attendance at any or all of the class meetings of the course for which I have enrolled before the end of the period specified does not release me, nor reduce my financial indebtedness to the University. Students must also abide by the withdrawal policies set forth by the University and also agree to pay for the course, even in the event a passing grade is not received. In addition, **if I default on this Note**, I agree to pay all costs, expenses and reasonable attorneys' fees incurred in any action to collect the balance due.

If I do not make the full payment by the date specified, **I will be assessed a 1% late fee per month on the unpaid balance plus a late payment penalty of \$50 per month until the balance is paid in full.** The University also reserves the right to deny the use of this benefit plan should I fail at any time to comply with its terms and conditions.

Student Signature _____ **Date** _____

Student ID _____

Employer Signature _____ **Date** _____

Please contact Online Financial Aid - 203-582-8430 or online.finaid@quinnipiac.edu with any questions
Please return all forms to Online Financial Aid – online.finaid@quinnipiac.edu