

MOHAWK VALLEY COMMUNITY COLLEGE  
1101 Sherman Drive, Utica, NY 13501

## EMPLOYER DEFERRAL PROGRAM

### PROMISSORY NOTE

Student/Employee Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, employed at \_\_\_\_\_,  
located at \_\_\_\_\_, phone number \_\_\_\_\_,  
understand that this Promissory Note is being made for the convenience of registering for classes and deferring  
reimbursable tuition and fee payment for the semester and courses listed below. I realize that I am directly  
responsible and liable to Mohawk Valley Community College for course(s) that I am registering for.

SEMESTER & YEAR:    Fall \_\_\_\_\_            Spring \_\_\_\_\_            Summer \_\_\_\_\_

<u>COURSE TITLE</u>	<u>CRN #</u>	<u>SECTION #</u>	<u>COST</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total Cost = _____

I fully understand that tuition and fees for this semester will be payable in full to Mohawk Valley Community College by: February 1<sup>st</sup> for the fall semester, July 1<sup>st</sup> for the spring semester, and October 1<sup>st</sup> for the summer semester. I fully understand that tuition and fee(s) reimbursement is between my employer and me and has no bearing on payment to Mohawk Valley Community College. I further understand that I will abide by the rules and regulations of and am solely responsible to MVCC for all financial obligations as defined in the current college catalog. A \$20.00 late payment fee will be assessed to my account if I fail to pay by the due date. If for any reason an unpaid balance is referred to a collection agency, I will be responsible for all collection costs, which will be a minimum of 33 ½ percent of the debt, plus attorney and court fees.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The above employee is eligible for tuition reimbursement in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Company Authorization

\_\_\_\_\_  
Date