



3rd Party Program Student Agreement

This form is to be used by students using the 3rd party invoicing program. You must complete this form for all class registrations each session/semester. To be eligible for 3rd Party, the student **must submit** documentation verifying his/her sponsorship by a 3rd Party. We require all 3rd party sponsorship participants to submit this Student Agreement.

First Name: _____ Last Name: _____ LSSU ID #: _____
Campus Location: _____ Semester: _____ Year: _____
Student Cell Phone: _____ Student Email: _____

Payment Information for Classes

Course	Section	Start Date	End Date	Tuition	Fees	Deposit Paid (\$50)	Tuition and Fee Balance Due	Payment Due Date**

****All tuition payments are due within 60 days from the last day of the course****

Please check:

☐ **3rd Party:** I plan to use 3rd Party benefits to pay the tuition/fees for the above classes. This means that a bill will be sent to my sponsor for reimbursement and payment will be made directly to the University.

As a student of Lake Superior State University I understand that it is still my responsibility to pay the tuition and fees on my account if my sponsor fails to pay as promised. I will be permitted to carry a balance forward on my account up to \$3,000 as long as all previous balances that are due have been paid in full and the account is current.

I agree that failure to pay by the stated due date (60 days from the last day of the course) constitutes default of this agreement and that I will be responsible for all collection fees and costs in addition to the tuition and fees. I understand the default may result in suspension from attending further classes. All services of the University may be withheld until payment is received.

Signature of Student

Date

Office Use Only:

Employer Agreement Attached: ☐

Business Office Representative: _____

Date: _____