**Des Moines Area Community College**

**Deferred Billing Promissory Note**

Des Moines Area Community College (DMACC) credit students may sign a promissory note to defer payment of the tuition amount until 30 days after grades are issued. To be eligible for deferred payment, this signed promissory note must be submitted to DMACC Student Accounts Office before payment due date. **Students receiving any type of Financial Aid are not eligible for Deferred Billing.** Students may receive a bill, but tuition is due according to this agreement. For full term classes, students have a two week grace period from the start of the semester to withdraw from a course before being charged the full tuition. Refer to the refund policy located in the class schedule or online at www.dmacc.edu/refund.asp for shorter parts of term courses. If classes are dropped after the refund period, payment is due within 30 days.

**Student Name:** _____

**Address:** _____

**Home Phone:** _____ **Work Phone**_____

**Student ID No:** _____

**Semester (circle one): Fall Spring Summer Number of Credit Hours:** _____

**TOTAL TUITION CHARGES $** _____

**Employer:**_____

**Employer Address:**_____

**Employer Contact Name**_____ **Phone:** _____

**Employer Contact Signature:** _____ **Date:** _____

**I promise to pay Des Moines Area Community College for tuition and fees within 30 days of grades being issued. I understand that if I do not receive a sufficient grade for a course or courses for my employer to reimburse me, or for any other reason my Employer does not reimburse me, I am still responsible for payment to Des Moines Area Community College for all tuition and fees incurred for the course(s). I understand that failure to pay these charges will result in Des Moines Area Community College withholding transcripts, and/or issuance of diploma or degree until full payment is received. I further understand that failure to pay for all tuition and fees will prevent me from registering for future classes and will cause my account to be forwarded to a collection agency.**

**Student Signature:** _____ **Date:** _____

**RETURN FORM TO:** **Des Moines Area Community College**
**Attn: Student Accounts, Bldg. #1**
**2006 S. Ankeny Blvd.**
**Ankeny, IA 50023-3993**

**Phone: 515-964-6446**
**Fax: 515-965-7035**