



**PARISH SCHOOL SYSTEM
TTE/Paraprofessional RECEIVABLE FORM**

Student Name _____ Univ. ID / W# _____
Address _____ Date of Birth ____ / ____ / ____
City _____ State _____ ZIP _____ DL # _____
Daytime Phone (____) _____ Cellular Phone (____) _____
Evening Phone (____) _____ Email Address _____
Place of Employment _____
Employing School System/Parish _____
Semester: _____ Approved Course(s): _____

Students' Responsibility:

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING:

I understand that if I drop, withdraw, or fail to complete a course successfully (as required on the Application for Teacher Tuition Exemption form) for which tuition exemption has been granted, no tuition will be remitted to the University on my behalf by my employing agency and that **I will be responsible for payment of these fees to the University.**

Delinquent Accounts:

I agree and understand that failure to make payments of all debts to include this debt and/or prior semester debts will result in a block from priority registration and that I will not be allowed to enroll in the University until such debts are paid. Furthermore, no academic records (transcripts, diploma, etc.) will be released until the debt is paid in full.

Collection Costs:

I understand that all costs associated with this or any outstanding debt, such as collection costs, court costs, and/or attorney's fees, will be assessed against me if referred for collection.

I (student) agree to the above terms and acknowledge receipt of at least one copy on today's date.

Student's Signature _____ Date: _____

Controller's Office Approval _____ Date: _____

CONTROLLER'S OFFICE USE ONLY: Tuition Receivable Amount \$ _____