

MARY BALDWIN COLLEGE
BUSINESS OFFICE

Adult Degree Program Tuition and Fees Agreement

All entered ADP students are required to read this statement carefully and sign below.

NAME _____ ENTRY DATE _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

ADDRESS _____

HOME PHONE _____ - _____ - _____

BUSINESS PHONE _____ - _____ - _____

EMPLOYER ADDRESS _____

SPOUSE'S NAME _____

NAME OF NEAREST RELATIVE _____
(other than spouse)

ADDRESS _____

PHONE NUMBER _____ - _____ - _____

“I agree to be responsible for any tuition fee and other educational expense incurred while enrolled in the Adult Degree Program at Mary Baldwin College. I also agree to pay tuition and expenses that are not covered by any financial aid that may be awarded to me. I further agree that the College may add Collection Costs including attorney’s fees to any unpaid balance that may have to be turned over to a Collection Agency for payment.”

DATE _____ SIGNATURE _____