

**UNIVERSITY OF WISCONSIN-SUPERIOR  
TERMS AND CONDITIONS OF FEE PAYMENT**

NAME \_\_\_\_\_  
(PLEASE PRINT)

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

**READ CAREFULLY THE TERMS AND CONDITIONS OF FEE PAYMENT IN THE OFFICIAL CLASS SCHEDULE BEFORE SIGNING.**  
(Available on the web at [www.uwsuper.edu/fees](http://www.uwsuper.edu/fees))

- **ALL STUDENTS MUST FILE THIS AGREEMENT WITH THE CASHIERS OFFICE.**
- I AGREE TO THE TERMS AND CONDITIONS OF FEE PAYMENT SET FORTH IN THE OFFICIAL CLASS SCHEDULE.
- I UNDERSTAND MY REGISTRATION WILL BE CANCELLED IF I FAIL TO FULFILL MY FINANCIAL OBLIGATION BY THE DESIGNATED DEADLINE.
- I UNDERSTAND THAT FAILURE TO ATTEND CLASSES DOES NOT CONSTITUTE AN OFFICIAL WITHDRAWL AND DOES NOT VOID THIS AGREEMENT OR MY FINANCIAL OBLIGATIONS.
- I UNDERSTAND THE UNIVERSITY MAY DISCLOSE MY DEFAULTED INSTALLMENT PAYMENTS ALONG WITH OTHER RELEVANT INFORMATION TO A CREDIT BUREAU.
- I AGREE TO PAY ALL ATTORNEY'S FEES AND OTHER COLLECTION COSTS AND CHARGES NECESSARY FOR THE COLLECTION OF ANY AMOUNT NOT PAID WHEN DUE.
- I UNDERSTAND BILLING INFORMATION MAY BE RELEASED FOR COLLECTION PURPOSES.
- I UNDERSTAND THE UNIVERSITY RESERVES THE RIGHT TO DENY CREDIT FOR FUTURE TERMS.

**THIS AGREEMENT WILL BE CONSIDERED IN EFFECT UNTIL THE STUDENT GRADUATES OR FAILS TO ENROLL FOR A PERIOD OF ONE ACADEMIC YEAR.**

**I UNDERSTAND THE TERMS AND CONDITIONS OF FEE PAYMENT AS PRINTED IN THE OFFICIAL CLASS SCHEDULE AND AGREE TO PAY BY PUBLISHED DUE DATES.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**WISCONSIN MARITAL PROPERTY ACT SUPPLEMENTAL CREDIT APPLICATION**

**\* WISCONSIN RESIDENTS ONLY \***

1. MARITAL STATUS:     MARRIED                       UNMARRIED                       LEGALLY SEPARATED  
DATE OF DECREE \_\_\_\_\_

2. IF MARRIED : SPOUSE'S NAME \_\_\_\_\_

SPOUSE'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY I HAVE READ THE WISCONSIN MARITAL PROPERTY AGREEMENT IN THE OFFICIAL CLASS SCHEDULE AND THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THE CREDIT OBLIGATION FOR WHICH I AM APPLYING WILL BE INCURRED IN THE INTEREST OF MY MARRIAGE OF FAMILY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM IS EXECUTED IN COMPLIANCE WITH THE WISCONSIN MARITAL PROPERTY ACT.