

FINANCIAL AGREEMENT

DO NOT SIGN THIS AGREEMENT IF YOU ARE NOT PREPARED TO PAY IF YOU ARE NOT ELIGIBLE FOR FINANCIAL AID FUNDS.

IMPORTANT: If at any point and for any reason you do not want to remain in your registered classes you <u>MUST</u> drop your classes in person or online before the first day of classes.

This agreement is being made to secure your registration for:

Semester: Fall _____ Winter ____ Spring _____ Summer _____ Year: ______

By signing this agreement, I acknowledge that I will assume full financial responsibility for the payment of tuition and fees if it is determined that I am not eligible for sufficient financial aid funds. I also understand that the college will not automatically drop me from my classes.

Contact the TRCC Cashier for your exact balance \$______.

This Financial Agreement has been read by me. I understand I am financially responsible for payment of tuition and fees. DO NOT SIGN THIS AGREEMENT IF YOU ARE NOT PREPARED TO PAY IF FINANCIAL AID DOES NOT COME THROUGH.

Signature:	Date:
Parent/Guardian Signature (if under	age of 18)
Signature:	Date:
Parent/Guardian Name (Print):	