

Fax:

King Campus: (905) 833-0730

Newnham Campus: (416) 491-9187

Markham Campus: (905) 940-4090

Seneca@York Campus: (416) 661-1947

Promissory Note

Students who have difficulty paying the full semester's fees may arrange a partial payment of \$400. This payment must be received before the Tuition Fee Expiry Date. If you choose this option, you must contact the Admissions Office well BEFORE the fee payment expiry date.

Please note a portion of your enrolment deposit is non-refundable. Please refer to the tuition refund policy located at www.senecacollege.ca/registrar/fees/fees-info.html to determine the amount of NON-REFUNDABLE deposit that applies to you.

I (*print your name*), _____, promise to pay fees owing in the amount of \$ _____ plus a late/deferral fee of \$65.00 (non-refundable) by the dates noted below:
(tuition fee minus \$400)

- For the Winter 2015 Semester: January 23, 2015
- For the Summer 2015 Semester: May 22, 2015
- For the Fall 2015 Semester: September 21, 2015

Student Number: - -

Campus: _____

Program: _____

Semester: _____

Have you applied for OSAP? No Yes, Date Applied: / /
Month Day Year

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I agree to the late/deferral fee and applicable deadlines, in addition, I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Student Signature

Date

FOR OFFICE USE ONLY:

Admissions & Records Authorization: _____

Fees Deferred (OSAP) No Yes

Authorization: _____