



EMPLOYER GUARANTEE NOTE

Date: _____

Full Name: _____

FSC Student ID #: _____

Academic Year Covered: _____

Employer Name: _____

Employer Address: _____

Employer City: _____ **Employer State:** _____ **Employer Zip:** _____

Employer Phone: _____ **Employer Contact Person:** _____

For value received, I promise to pay to the order of FLORIDA SOUTHERN COLLEGE the charged and billed amounts for tuition when due. Tuition payments will be due no later than forty-five (45) days after the close of each term. It is understood and agreed that any additional charges over and above tuition incurred during the academic year covered by this note are due and payable when incurred. The maker of this guarantee note agrees to waive demand notice of non-payment and protest in case suit shall be brought for collection hereof, or same has to be collected upon demand of an attorney or collection agency, and to pay reasonable attorney fees and or collection agency fees and costs for making such collection.

Payment of all charges is due in full in the event of withdrawal from class, termination of employment by the above referenced employer, and or non-compliance with the above referenced employer's requirements for reimbursement, i.e. minimum grade attained, etc.

If payment is not received in accordance with the above terms, I will not be eligible to return to Florida Southern College until payment has been made for all past balances due and the term I am planning to attend is paid for in advance.

I am responsible to furnish or have furnished to my employer any and all information required for me to receive re-imbursement by my employer.

Student Signature

Home Address

Home City

Home State

Home Zip

Home Telephone

Work Telephone