

**Bursar's Office  
Student Billing**

150 Regent Administrative Center  
43 UCB  
Boulder, Colorado 80309-0043  
303-492-5381 -- 877-278-6340  
Fax 303-492-1017  
<http://www.colorado.edu/bursar>

**ADVANCED TUITION ACCOUNT AGREEMENT**

This is an agreement between the University of Colorado and a payer for the purposes of paying tuition and other charges in advance. Payments will be applied to any charges on the student's "official" University of Colorado bill. This does *not* include Continuing Education or other University of Colorado campuses. Payment amount must be enough to cover tuition and fees (adjusted for scholarships, grants, loans, etc.) for at least three semesters. The account does not accrue interest; however, the payer may be eligible to receive a tax break on the portion that is deposited.

These charges could include but are not limited to the following: tuition, fees (both mandatory and optional), course fees, Wardenburg Health Center health insurance, (both insurance and charges), campus telephone charges, parking fines, library charges, campus room and board, as well as total tuition for undergraduate residents who fail to apply and authorize through the College Opportunity Fund. Specific charges may be excluded from payment under this agreement if identified by the payer in the box below.

Unless written notification is received by the university to return any unused funds, the funds will remain on deposit with the university until the student graduates or withdraws. Upon graduation or withdrawal from the university, account balances will be returned to the payer or their designee within sixty (60) days. The payer may request in writing the balance of the funds be returned to him/her at any time. The processing time will take approximately sixty (60) days.

The following information is required of the payer. Payer agrees to the terms and conditions as described.

Name of student (please print) \_\_\_\_\_  
Last First MI

Student Identification Number: \_\_\_\_\_

Printed name of payer \_\_\_\_\_ E-mail of payer \_\_\_\_\_

Address of payer \_\_\_\_\_  
Address City State Zip

Signature of Payer \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Amount of deposit \$ \_\_\_\_\_ Semester student plans to enter \_\_\_\_\_

Name and address of party unused funds are to be returned \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip

Payer comments/exclusions:          
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