

Payment Plan Agreement

Term _____

Student _____

ID Number _____

Student agrees to make payments according to the payment plan schedule, and understand late fees and all other conditions and general financial policies apply to this agreement as stated in the Student Handbook and on the Schedule, Tuition, and Financial Aid Summary Sheet.

Invoice Summary

Total Charges (before deferred payment fee)	\$ _____
less Financial Aid Credit	\$ _____
Subtotal	\$ _____

Cash Down payment (may include advance payments and credits from previous terms)	\$ _____
Balance Owing	\$ _____

Deferred Payment Fee (1.5%)	\$ _____
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Total Balance Due	\$ _____
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Payment Schedule

Fall Term

October 10 _____

November 10 _____

Spring Term

March 10 _____

April 10 _____

Summer Term

July 1 _____

August 1 _____

Pro-Rated late fees will be applied if payments are not made by these dates.

Student verification: My signature below indicates my understanding and acceptance of the agreement printed above and the conditions and general financial policy as stated in the Student Handbook and on the Schedule, Tuition and Financial Aid Summary Sheet.

Name

Date

Business Office Representative _____

Date _____