

**MONTHLY PAYMENT PLAN
AGREEMENT
FALL Semester 2011**

If you wish to enroll in the Monthly Payment Plan, please complete this form and return it to the Bursar's Office. A \$25 fee will be assessed to your account for the Fall 2011 semester. ***Include the \$25 fee with your first payment, along with the bottom portion of your tuition bill.**

Student Name: _____ Student ID No.: _____

Daytime Phone# _____ PROGRAM/YR _____

How to calculate your monthly payment
Charges Tuition and fees \$ _____

Clark Tower \$ _____

Total Charges \$ _____

Less Financial Aid \$ _____

Total amount of contract \$ _____

Four equal payments in the amount of* \$ _____

***FIRST PAYMENT MUST INCLUDE THE \$25 SERVICE CHARGE**

Student Signature _____ Date _____

Payment by credit card : VISA Mastercard Discover

Card # _____ Exp date _____ Security code _____

I authorize payments to be made by the schedule due dates below.

Student Signature _____ Date _____

	<u>1st Payment*</u>	<u>2nd Payment</u>	<u>3rd payment</u>	<u>4th Payment</u>
DPT-EL, PA Programs	May 30	June 30	July 30	Aug 30
3 rd & 4 th Year Medicine	July 1	Aug 1	Sept 1	Oct 1
All other Programs	Aug 22	Sept 22	Oct 22	Nov 22