



Bursar's Office
 155 Elizabeth Blackwell Street
 Room 200 CAB
 Syracuse, NY 13210
 Tel: 315-464-5148 Fax: 315-464-4648

**MONTHLY PAYMENT PLAN AGREEMENT
 SUMMER Semester 2025**

There is a \$25 enroll fee in the Monthly Payment Plan. Please complete this form and return it to the Bursar's Office. ***Include the \$25 fee with your first payment. Please note you must be enrolled in at least 9 credit hours to be eligible and if you should drop below 9 credit hours after enrolling, payment is due in full. If paying by check, please make your check payable to: SUNY Upstate Medical University.**

Student Name: _____ Student ID No.: _____

Daytime Phone# _____ PROGRAM/YR _____

How to calculate your monthly payment

Charges	Tuition and fees	\$ _____
	Geneva Towers	\$ _____
Total Charges		\$ _____
Less Financial Aid		\$ _____
Total amount of contract		\$ _____
Two 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. Billing Zip Code _____

Student Signature _____ Date _____

	<u>1st Payment*</u>	<u>2nd Payment</u>
CHP/CON RTN/PA	April 25	May 25
INC PA/RTN PT/MPH	May 30	June 30