



For office use only:

Term of original charge _____

Date Processed _____

TERMINATION OF (SELF-ENROLLED) PAYMENT PLAN REQUEST

DATE: _____ STUDENT ID#: _____

NAME (Print): _____

SELF-ENROLLED PAYMENT PLAN

Term of Request (Fall, Spring, Summer): _____

Reason for Termination Request: _____

CURRENT CONTACT INFORMATION

Email Address: _____

Phone Number: _____

CERTIFICATIONS:

- I understand the \$40.00 payment plan enrollment fee is non-refundable.
- I understand any previously paid down payments or monthly payments will be used to offset student account charges.
- After termination of the payment plan, I understand the due dates identified on the student account are valid, and the extension of time to remit payment as a result of enrollment in the payment plan is no longer valid.

By checking this box and indicating my full name below, I verify this document is accurate and complete.

Signature _____