

Ursuline College Monthly Tuition Payment Plan - Spring Semester

If you are interested in making monthly payments please complete the form below and mail it back to the address below. A separate payment plan form must be filled out for **each** semester. There is no payment plan for Summer classes.

The monthly payment plan offers you the opportunity to spread your tuition payments, **interest-free**, over 4 or 5 monthly installments per semester. The Worksheet section of the enrollment form will assist you in determining your Plan amount. Questions? Call the Business Office at (440) 646 – 8310 or the Student Service Center at (440) 646-8309.

Date: _____ Student ID # _____

Student Name: _____

Address/City/State/Zip: _____

Expected Month/Year of Graduation: _____ Phone: _____

Email: _____

Note: Tuition and fee information can be found on our website at
www.ursuline.edu/Admission/Financial_Aid/Undergraduate/tuition_fees.html

- A. Estimated Expenses: Tuition, Fees, Room and Board (if applicable) A: \$ _____
- B. Estimated Deductions: Scholarships, Grants, Loans (Do not include Work Study) B: \$ (_____)
- C. Total Amount of Plan (Expenses - less Deductions) C: \$ _____
- D. Estimated monthly payment (C Divided by 4 or 5 months) D: \$ _____
- E. Semester Enrollment Fee E: \$ _____ 25.00
- F: Total Enclosed (Monthly payment plus enrollment fee (D + E)) F: \$ _____

Payment Number	5 Month Payment Plan	4 Month Payment Plan	Graduating Senior
Payment 1	January 15	February 15	January 15
Payment 2	February 15	March 15	February 15
Payment 3	March 15	April 15	March 15
Payment 4	April 15	May 15	April 15
Payment 5	May 15		

Please make checks payable to Ursuline College.

Graduating seniors must have their balance paid in full in order to receive graduation tickets.

I promise to pay Ursuline College all payments detailed in this payment agreement by the established deadline. I understand that the payment agreement is for one semester only and that the \$25.00 (non-refundable) processing fee must be paid each semester the payment plan is requested. I understand and agree that failure submit payment by the due date could result in a hold placed on my account and/or late fees being assessed. There is a \$25.00 charge for checks not honored by our bank.

Signature of Payer: _____ Date: _____

Mail your checks and this form to: Ursuline College, Attn: Student Service Center, 2550 Lander Rd. Pepper Pike, OH 44124

Business Office