

PETITION FOR DELAYED PAYMENT OF FEES

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Print Name:

\_\_\_\_\_

Last

First

Middle

\_\_\_\_\_

Address (No. and Street)

\_\_\_\_\_

Student ID #

\_\_\_\_\_

City, State, Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Area Code, Telephone Number

COLLEGE POLICY

If the Director of Financial Aid or his designee determines that upon completion of registration partial or full payment of fees is not possible for a student because of extenuating hardship circumstances, a deferred payment schedule may be utilized.

CONDITIONS: All fees must be paid in full as agreed below. Academic records including grades will not be released to any student who has an outstanding balance on his/her account.

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SCHEDULE OF PAYMENTS

Total Amount due \$ \_\_\_\_\_

Amount due \$ \_\_\_\_\_ No later than \_\_\_\_\_

Amount due \$ \_\_\_\_\_ No later than \_\_\_\_\_

Amount due \$ \_\_\_\_\_ No later than \_\_\_\_\_

Amount due \$ \_\_\_\_\_ No later than \_\_\_\_\_

TOTAL Payments: \$ \_\_\_\_\_

**Please Note: All payments to be made at the Cashier's Office, Building 1, Room 147.**

I hereby request a delayed payment schedule of my fees. I have read and fully understand the terms and conditions as outlined above.

\_\_\_\_\_

Student's Signature

Date

\_\_\_\_\_

Financial Aid Representative Date