



SU Payment Plan Contract

Academic Year _____

Student ID Number _____ Student Full Name _____

Name and permanent address of person(s) responsible for SU Payment Plan payments:

Relationship to Student _____ Email Address: _____

Names(s) _____

Address _____ Daytime Phone _____

City/State/Zip _____ Evening Phone _____

The payment plan consists of 4 payments per term. Fall term payments are due August 2nd through November 2nd. Spring term payments are due on December 13th through March 13th.

Payment plans include current term tuition, curriculum/mandatory fees and residential meal plans only. The payment plan is available to full-time degree-seeking students only.

Participants are assessed a 2% set up fee per each term of enrollment in the payment plan. This fee is included in the monthly payment amount.

Students must be registered for classes in order to be enrolled in the payment plan. Residential students must have a housing assignment in order to have the residential meal plan included.

Applications for students, who have pending financial aid, will not be processed until all pending aid has been approved by the Office of Financial Aid. Federal Work Study awards are not applied directly to students' accounts or payment plans.

Outside scholarships and family contributions must be sent in with this application or they will not be considered when determining the monthly payment amount. Outside scholarships and family contributions that are received after receipt of this application will be applied to the monthly payment amount due.

Payments received 10 days after the due date will be assessed a 15.00 late fee.

Should an account become delinquent, the student will forfeit his/her privilege to participate in the payment plan in the future and the student will be prohibited from registering for upcoming terms. In addition transcripts, diplomas, and other pertinent information will be withheld until all financial obligations have been satisfied.

I (We) hereby request placement on the Shenandoah University Payment Plan. I understand by signing that I agree to reimburse Shenandoah University the fees of any collection agency, which may be based on a percentage at a maximum of 33 1/3% of the debt, 12% APR on such debt and all costs and expenses, including reasonable attorney's fees, Shenandoah University would incur in such collection efforts.

Please indicate term(s) for which you wish to apply: Fall term _____ Spring term _____ Fall & Spring term _____

I have read and fully understand the terms of the payment plan listed above.

(Signature)

(Date)

(Signature)

(Date)

Fax to 540-665-5433 or email to studaccts@su.edu

Shenandoah University reserves the right to refuse any application.