



2018-19 PAYMENT PLAN AGREEMENT

Request for 2 Payments per Term

Student Name _____ WMed ID# _____

Class of: ___2019 ___2020 ___2021

This payment plan agreement is available to medical students who pay their student account balance from personal resources (do not borrow federal or private loans).

By submitting this form, you request to pay your student account balance in two payments each term, and agree to make payments by the due dates listed below. "Student Account Balance" is the balance owed for all charges applied to your account including tuition, books, parking, or other charge, less scholarships that have been credited by the due date.

ACTIVITY	TERM #1	TERM #2
Class of 2019 Term Start Dates:	14-May-2018	19-Nov-2018
Student Account Billing Dates:	07-May-2018	12-Nov-2018
Payment #1: 50% of Balance Due by:	23-May-2018	28-Nov-2018
Payment #2: 50% of Balance Due by:	20-Jun-2018	26-Dec-2018
Class of 2020 Term Start Dates:	30-Apr-2018	15-Oct-2018
Student Account Billing Dates:	23-Apr-2018	08-Oct-2018
Payment #1: 50% of Balance Due by:	09-May-2018	24-Oct-2018
Payment #2: 50% of Balance Due by:	06-Jun-2018	21-Nov-2018
Classes of 2021 Term Start Dates:	30-Apr-2018	15-Oct-2018
Student Account Billing Dates:	23-Apr-2018	08-Oct-2018
Payment #1: 50% of Balance Due by:	09-May-2018	24-Oct-2018
Payment #2: 50% of Balance Due by:	06-Jun-2018	21-Nov-2018

Payment due dates cannot be extended beyond those listed above. There is no fee for this service.

Student Agreement:

I agree to pay my term charges by the due dates listed above. If I receive a federal or private loan after I sign this agreement and before the final Term #2 due date, I understand this agreement will be null and void and my Student Account Balance will be due immediately upon receipt of the loan.

Signature _____ Date _____

Institutional Approval of Payment Plan: The above named student does not have a federal or private loan.

Signature _____ Date _____

Director of Financial Aid