



## 2018-19 PAYMENT PLAN AGREEMENT

Request for 2 Payments per Term  
Class of 2022

Student Name \_\_\_\_\_ WMed ID# \_\_\_\_\_

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 or other payments that have been credited by the due date.

ACTIVITY	TERM #1	TERM #2
Class of 2022 Term Start Dates:	30-Jul-2018	18-Feb-2019
Student Account Billing Dates:	23-Jul-2018	11-Feb-2019
Payment #1: 50% of Balance Due by:	25-Jul-2018	27-Feb-2019
Payment #2: 50% of Balance Due by:	22-Aug-2018	27-Mar-2019

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 Installment Plan:***

The above named student does not have a federal or private loan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Financial Aid