



# TUITION PAYMENT PLAN FORM

<b>STUDENT NAME</b>			
LAST NAME:		FIRST NAME:	
MIDDLE INITIAL:			
PROGRAM:	CONCENTRATION:	START TERM:	YEAR:

**TUITION PAYMENT PLAN**

**PAYMENT STRUCTURE**

Claremont Lincoln University is committed to accommodate our students. Thus, a different payment structure may be acceptable as approved by the Director of Student Financial Services in collaboration with the Chief Financial Officer. The payment structure will be recurring every term for the entire length of continuous enrollment (unless prompted by the student to change it). Payment structure will have to be based on a schedule of payments with a dollar amount, payment structure will list a specific due date. The payment structure has to align with Claremont Lincoln University policies as referenced in the Catalogue.

PAYMENT NUMBER	Tuition Payment Amount	Due Date (will re-occur on same day of the month for future terms)
1	\$	
2	\$	
3	\$	

STUDENTS WHO SHOW A BALANCE ON THE LAST DAY OF THE TERM WILL HAVE A HOLD PREVENTING COURSE REGISTRATION AND ISSUANCE OF TRANSCRIPTS AND GRADE CARDS.

I agree to the above payment plan schedule. I understand that the payment structure is recurring throughout the length of my continuous enrollment at Claremont Lincoln University. I understand and agree that failure to pay the account in full by the end of the specified term will make me ineligible to register for the next term, receive transcripts, grades, enrollment verifications, or diplomas. I assume responsibility for all reasonable collections costs and attorney’s fees if Claremont Lincoln University deems it necessary to employ a collections agent or attorney to enforce payment. I also understand that withdrawal from the University after the tenth calendar day of the term does not release me from this payment plan obligation and does not entitle me to a refund.

**STUDENT SIGNATURE:**

**DATE:**