



If you wish to enroll in the Installment Payment Plan, please complete this form and return it to the Office of Student Accounts at the address indicated below. An **original signed and completed form must be submitted** in order to enroll in any installment payment plan. Facsimiles **are not acceptable**.

- There is a \$35 service charge to participate in the Installment Payment Plan. The service charge is assessed for each semester of participation and is **not refundable**. **Do not** send the \$35 fee with this application.
- Installment payment plans are available for fall, spring and summer semesters as follows:
 - Fall – payments are due the 15th of July, August, September and October.
 - Spring – payments are due the 15th of December, January, February and March.
 - Summer – payments are due the 15th months of May, June and July.
- You may enter an installment payment plan at any time the plan is in effect, but will be required to make payment based on the number of installments remaining at the time you enter the plan.
- Installment due date is the 15th of the month. A \$30 late payment charge will be assessed if payment is not received to the account by the installment due date. NOTE: If the 15th of the month occurs on a Saturday or Sunday, the installment payment must be received by the Office of Student Accounts on the business day closest to the 15th.
- A new form needs to be completed and submitted for each semester you wish to participate in the program.
- If you wish to have the optional Alumni Fee waived for this semester and all future semesters, please complete the online waiver via the Student Information System prior to submitting this application. Instructions on how to waive the fee are available at the Student Account web site at www.brockport.edu/bursar; click on the “How To” link in the column at the left.
- If you are waiving out of the mandatory student health insurance, please access the Student Health Center website at <http://www.brockport.edu/healthctr/insurance.html> for details on how to complete the online waiver before the specified deadline date.

Student Name: _____

Address: _____

Student ID No.: _____ Phone No.: (____) _____

Semester: _____ Number of hours you will be enrolled for: _____

Will you be waiving the mandatory health insurance? YES NO (If YES, please complete the online waiver process as indicated above.)

Are you expecting to receive any financial aid for the semester indicated above? YES NO

Student Signature: _____ Date: _____

02/10/09