



100 Grant Street • De Pere, WI 54115-2099 • 1-800-597-3922

Application for Deferred Payment

Student Name: _____

Social Security Number: _____

Student ID Number: _____

I hereby apply to participate in the St. Norbert College Deferred Payment Plan for payment of tuition and expenses resulting in my enrollment for the **Fall 2009 semester**. I understand the **maximum amount of allowable deferment is \$3,000.00 per semester**.

I request deferment for the **Fall** semester and agree to remit the balance (**must be under \$3,000**) in three equal installments on **September 1, October 1, and concluding on November 1, 2009**. In addition, should additional charges be added to my College account, I understand that this is due on the next bill due date.

I authorize St. Norbert College to charge my tuition account for the participation fee of \$30.00 for the **Fall** semester.

I understand that all Financial Aid and loan disbursement must be applied toward the deferred balance prior to any issuance of refunds.

Balances that exceed the maximum \$3,000.00 deferred balance will be assessed a 1% per month finance fee. Late payment will result in cancellation of this plan.

By signing this document, I agree to all the above terms.

Signature

Date

THE LAST DATE THIS DOCUMENT WILL BE ACCEPTED IN THE FINANCE OFFICE FOR THE FALL SEMESTER IS BY AUGUST 19, 2009. ANY DOCUMENTS RECEIVED AFTER THE FIRST DAY OF CLASS WILL NOT BE HONORED, WITHOUT EXCEPTION.

For Office Use Only:

Date Received _____ Initial _____