



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

### Application for Deferred Payment

Student Name: \_\_\_\_\_

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 **Spring 2012 semester**. I understand the **maximum amount of allowable deferment is \$3,000.00 per semester**.

I request deferment for the **Spring** semester and agree to remit the balance (**must be under \$3,000**) in three equal installments on **February 1, March 1, and concluding on April 1, 2012**. 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 enrollment fee of \$30.00 for the **Spring** semester.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE LAST DATE THIS DOCUMENT WILL BE ACCEPTED IN THE BURSAR OFFICE FOR THE SPRING SEMESTER IS JANUARY 20, 2012. ANY DOCUMENTS RECEIVED AFTER THE FIRST DAY OF CLASS WILL NOT BE HONORED, WITHOUT EXCEPTION.**

For Office Use Only:

Date Received \_\_\_\_\_ Initial \_\_\_\_\_