



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

Application for Graduate Fall Semester Payment Plan

Student Name: _____

Student ID Number: _____

Program (MBA, MLS or MTS) _____

I hereby apply to participate in the St. Norbert College Graduate Semester Payment Plan for payment of tuition and expenses resulting in my enrollment for the **Fall 2019 semester**.

With this requested enrollment for the **Fall** semester I agree to remit the balance in three equal installments on **September 1, October 1, and concluding on November 1, 2019**. In addition, should additional charges (books, parking permit, etc.) 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 **nonrefundable enrollment fee of \$40.00 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.

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

Signature

Date

For Office Use Only:

Date Received _____ Initial _____