

**S U Payment Plan Application**  
**Academic Year \_\_\_\_\_**

Student I. D. Number \_\_\_\_\_

Students Full Name \_\_\_\_\_

Name and permanent address of person(s) responsible for SU Payment Plan payments:

Relationship to Student \_\_\_\_\_ Email Address: \_\_\_\_\_

Name(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Evening Phone# \_\_\_\_\_

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The payment plan consists of 4 payments per term. Fall term payments are due August 15<sup>th</sup> through November 15<sup>th</sup>. Spring term payments are due December 15<sup>th</sup> through March 15<sup>th</sup>.

Payment plans include current term tuition, curriculum/mandatory fees and residential meal plans only.  
**The payment plan is available to full-time degree-seeking students only.**

Participants are assessed a 2% set up fee per each term of enrollment in the payment plan. This fee is included in the monthly payment amount.

Students must be registered for classes in order to be enrolled in the payment plan.

Residential students must be assigned to a room in order to have room and board charges included in the payment plan.

Applications for students who are in Verification with the Financial Aid Office, will not be processed until the Verification process has been completed.

Federal Work Study awards are not applied directly to students' accounts or payment plans.

Outside scholarships and family contributions must be sent in with this application or they will not be considered when determining the monthly payment amount. Outside scholarships and Family Contributions that are received after receipt of this application will be applied to the monthly payment amount due.

Payments received on or after the 21<sup>st</sup> of each month will be assessed a late payment fee of \$10.00.

Should an account become delinquent, the student will forfeit the privilege of enrolling in the payment plan in the future. The University will withhold access to register for upcoming terms, transcripts, diplomas, and other pertinent information until all financial obligations have been satisfied. The student/parent will be responsible for all collection and attorney's fees involved in collecting this debt.

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I (We) hereby request placement on the Shenandoah University Payment Plan. Please indicate the term or terms for which you wish to apply.

Fall Term \_\_\_\_\_ Spring Term \_\_\_\_\_ Fall & Spring Terms \_\_\_\_\_

**I have read and fully understand the terms of the payment plan listed above.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Shenandoah University reserves the right to refuse any application.

