

1.) Student Information

Student's Name: _____ Student's Daytime Phone Number: _____
 Student's ID Number: _____ E-Mail Address: _____

2.) Billing Information

The "Bill Payer" is the person who will receive the monthly payment reminder and make the monthly payments. If the "Bill Payer" is the student, the payment reminder will be sent to the SVSU email address. If the "Bill Payer" is other than the student, the payment reminder postcard will be sent to the address noted.

Bill Payer's Name: _____ (parent/guardian/student/other)
 Bill Payer's Street Address: _____

City _____ State _____ ZIP _____
 Bill Payer's Phone: Day () _____ - _____ Evening () _____ - _____

THE ADMINISTRATOR MUST FILL OUT SECTION 3, AND THE AMOUNT PAID

3.) Payment Plan Schedule:

Enter the total payment plan amount.
 This is the total amount to be paid through
 the SVSU Graduate Payment Plan.

You must enroll in the GPP and pay the enrollment
 fee by November 30 to be eligible for the plan.

Tuition & Fees	\$ _____
Housing	\$ _____
Less Financial Aid	-(_____)
Total	= \$ _____
Divide by the # of Payments	÷ 2

Payment Amount Due: \$ _____

Enrollment Fee Due By November 30 \$70.00

This amount is due on both January 5 and March 1.

If a class is added, payment must be made equivalent to the payments you've missed.

4.) Payment Information

- Monthly payments are due on the due dates noted above. Failure to receive a payment reminder does not relieve your obligation to make timely payments.
- If you fail to meet the requirements of the Graduate Payment Plan, you will not be eligible for the Graduate Payment Plan for the future semesters. SVSU reserves the right to increase your Graduate Payment Plan due to the addition of classes.
- You must re-enroll and pay the enrollment fee each semester to participate in the Graduate Payment Plan. This signed contract is for one semester only.
- Make checks payable to Saginaw Valley State University.
- Mail signed Enrollment Form/Contract and payment to: Saginaw Valley State University, Attention: Cashier's Office, 7400 Bay Road, University Center, MI 48710.

5.) Authorization : Student and Administrator Agreement

I understand that payments are due to SVSU on the dates indicated above.
 I understand that if I am late for my January payment, my courses will be
 dropped. If I am late for my March payment, a \$50 late fee will be
 be assessed for the late payment. This late fee is non-refundable.
 I will be responsible for any collection costs.

The Bill Payer, indicated above, is entitled to pay the total
 Graduate Payment Plan amount to SVSU in accordance with
 the indicated payment schedule.

 Payer or Student's Signature Date

 Administrator's Signature Date