MESALANDS COMMUNITY COLLEGE
SPRING 2023 DEFERRED PAYMENT PLAN APPLICATION

Complete and return this application *ONLY* if you choose to pay in monthly installments. If you will pay in full each this semester, you *DO NOT* need to return this application. Payment plans do not carry over to the next semester, you must reapply.

Payment plans will only include tuition, fees, and books. Supplies will only be included in a payment plan that has been approved by the Business Manager or the Director of Business & Auxiliary Services.

Payment Plan Approval: _____

DEFERRED PAYMENT PLANS

(Payment of the application fee must accompany this application)

Amount $ _____

Payment Plan	Payment Period	Payment Due	Payment Amt.	Non-Refundable App. Fee
3 Monthly Payments	January - March 2023	January , 2023		$30.00
		February , 2023		
		March , 2023		

STUDENT INFORMATION

Student Name _____   Student ID# _____
      (First)   (MI)   (Last)

Birthdate _____   Driver's License#_____   State _____

Local Address _____   City_____   State _____   Zip _____

Off-Campus Address _____   City_____   State _____   Zip _____

Email address _____   Telephone _____

PARENT/SPOUSE/GUARDIAN CONTACT INFORMATION

Contact Person	Name	Address	City, State Zip	Home Telephone	Cell Telephone
Mother					
Father					
Spouse					
Legal Guardian					

Default: If I fail to make any payment required by this plan when due, the entire balance shall become due and payable without notice and on demand. You agree to pay on demand all costs and expenses of collection including reasonable collection agency and attorney fees incurred or paid by the College in attempting to enforce payment of this Plan.

A late fee of $10.00 will be required for each defaulted payment. This fee will be applied to your account the following day the payment is due.

In the event I default on one of the required payments, I will not be allowed at ANY time in the future to set up a Deferred Payment Plan with Mesalands Community College to pay for tuition, fees, books, or supplies.

In the event I default, the College has the right to deny my attendance to class, to register/enroll at the College, and/or withhold my transcripts until the default is cured.

By signing this form I agree that in the event that my payments are delinquent that my parent, guardian or spouse may be contacted for purposes of locating me. I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____   *Date* _____

If you have any questions, please contact the Business Office at (575) 461-6611