

## MESALANDS COMMUNITY COLLEGE 2022 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                                       | Payment Plan Approval: |                |          |                                |  |
|---------------------------------------------|-------------|----------------------------|---------------------|-------------------|-----------------------------------------------|------------------------|----------------|----------|--------------------------------|--|
|                                             |             |                            | DEF                 | ERRED             | PAYMENT PLANS                                 | 3                      |                |          |                                |  |
| (Payment of the                             | e applicati | ion fee must acc           | ompany this appli   | cation)           |                                               |                        | Amount:        |          |                                |  |
| Payment Plan                                |             | Payment Period             |                     | Payment Due       |                                               | Payment                | Payment Amt.   |          | Non-Refundable Application Fee |  |
| 3 Monthly Payments                          |             | August 2022 - October 2022 |                     | August 10, 2022   |                                               |                        |                |          | \$30.00                        |  |
|                                             |             |                            |                     | September 7, 2022 |                                               |                        |                |          |                                |  |
|                                             |             |                            |                     | October 5, 2022   |                                               |                        |                |          |                                |  |
| STUDENT INFO Student Name _                 | (Firs       | st) (f                     |                     | Last)             |                                               | Student                |                |          |                                |  |
| Birthdate Driver's License                  |             |                            |                     |                   |                                               |                        |                |          |                                |  |
| Local Address                               |             |                            |                     |                   |                                               |                        |                |          |                                |  |
| Off-Campus Address City                     |             |                            |                     |                   |                                               |                        |                |          |                                |  |
| Email address                               |             |                            |                     |                   |                                               | Telephone              |                |          |                                |  |
| PARENT/SPOU                                 | SE/GUA      | RDIAN CONT                 | ACT INFORMA         | ΓΙΟΝ              |                                               |                        |                |          |                                |  |
| Contact N                                   |             | Name                       | Address             |                   | City, State                                   | z Zip                  | Home Phone Cel |          | Cell Phone                     |  |
| Mother                                      |             |                            |                     |                   |                                               |                        |                |          |                                |  |
| Father                                      |             |                            |                     |                   |                                               |                        |                |          |                                |  |
| Spouse                                      |             |                            |                     |                   |                                               |                        |                |          |                                |  |
| Legal Guardian                              |             |                            |                     |                   |                                               |                        |                |          |                                |  |
|                                             | ee to pay   | on demand all c            | osts and expense    | s of collec       | he entire balance sh<br>ction including reaso |                        |                |          |                                |  |
| A late fee of \$10.0                        | 0 will be r | equired for each           | defaulted payme     | nt. This f        | ee will be applied to                         | your account th        | e following    | day the  | payment is due.                |  |
| In the event I defa with Mesalands Co       |             | •                          |                     |                   | ved at ANY time in thupplies.                 | ne future to set       | up a Deferr    | ed Payn  | nent Plan                      |  |
| In the event I defa<br>until the default is |             | ollege has the rig         | ght to deny my atte | endance t         | o class, to register/e                        | nroll at the Colle     | ege, and/or    | withhold | I my transcripts               |  |
|                                             | -           |                            |                     |                   | inquent that my pare<br>n is true and correct | . •                    | -              | -        | ntacted                        |  |
| Signature                                   |             |                            |                     |                   |                                               | D                      | ate            |          |                                |  |