University of the Cumberlands
Application for Payment Plan

Student's Name: _____
(First) (Middle) (Last)

SSN: _____ ID: _____

Address: _____

_____
(City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Commuter _____ Resident _____ Undergraduate _____ Graduate _____
Other Program _____

Email: _____

Please complete the following for the year and/or term in which you are applying for a payment plan. If applicable, please attach a copy of your financial aid award letter. **NOTE:** All fees for prior terms must be paid in full unless other arrangements have been made in advance with the Bursar.

Academic Year Plan_____ Academic Term Plan_____
(Please choose only a year plan or a term plan)

Step 1:	Estimated Tuition and Fees	$ _____
Step 2:	Total Aid Offered	$ _____
Step 3:	Amount – Responsible to Pay (Subtract Step 2 from Step 1)	$ _____
Step 4:	Textbook Allowance	$ _____
Step 5:	Student Medical Insurance	$ _____
Step 6:	Amount of Payment Plan (Add Step 3, Step 4, and Step 5)	$ _____
Step 7:	Divide the amount in Step 6 by the number of months in your plan and enter the amount in Step 8.	
Step 8:	Monthly Payment Amount (This is your minimum monthly payment. Your final payment may be increased or decreased to pay your tuition account in full.)	$_____

Signature: _____ Date: _____
(Student, Parent or Guardian)

Bursar's Signature: _____ Date: _____

*You will receive a copy of this form after your payment plan has been approved and signed by the bursar.