



St. John's College
Department of Nursing

**Payment Plan Enrollment Form
Spring 2019**

STUDENT'S NAME _____

I PROMISE TO PAY all tuition, fees, books, and any miscellaneous charges and to honor the terms of payment as outlined in the **St. John's College Payment Policy** in four (4) monthly installments as calculated on my **Payment Plan Calculation Sheet** attached hereto.

IT IS UNDERSTOOD that any changes to my Financial Aid Award or additional charges could require an adjustment in the net amount due and the amount of my monthly payment.

IN THE EVENT that it is deemed necessary to use collection procedures to collect outstanding tuition, fees, book charges, and any miscellaneous charges not paid when due, I agree to pay all attorney fees and other reasonable collection costs and charges associated with collection.

MONTHLY PAYMENT: \$ _____

STUDENT'S SIGNATURE _____

DATE: _____

INSTALLMENT DUE DATES

1 st Payment	1/11/2019
2 nd Payment	02/08/2019
3 rd Payment	03/08/2019
4 th Payment	04/05/2019

THIS ENROLLMENT FORM MUST BE RETURNED TO THE BURSAR
(mary.poff@stjohnscollegespringfield.edu) NO LATER THAN Jan 11, 2019.

If you have any questions, please contact mary.poff@stjohnscollegespringfield.edu or (217) 814-5442.

For office use only

Date	Amount	Check #