Georgetown Law
Office of Student Accounts
Monthly Payment Plan Contract

Please check one _____**Fall 2008 & Spring 2009 (Ten Monthly Equal Payments)**
_____**Fall 2008 (Five Monthly Equal Payments)**
_____**Spring 2009 (Five Monthly Equal Payments)**

TERMS:

1. You must pay any previous unpaid balance on your student account before filing this form.
2. This form must be filed by the tuition due date. Applications must include the $90 non-refundable application fee and the necessary monthly payments to bring the payment plan account up to date. You are required to pay the amount not covered by the payment plan contract by the tuition due date.
3. The first monthly payment for the academic year 2008-09 is due on July 1, 2008 (December 1, 2008, for spring 2009 semester). Any applications filed after these dates must include any missed payments.
4. The minimum amount that can be financed is $4000 per year, $2000 per semester. Maximum amount being the total tuition and fees less any financial aid/grant.
5. Contract amount must be in increments of a thousand. (i.e. if tuition & fees for a semester total $39,390, contract amount can either be $39,000 provided you have to pay up front the $390 difference or, $40,000 the credit of $610 will be applied toward the last monthly payment.) If you are signing up for the fall & spring, add the tuition & fees for the fall & spring semester (if you are a full time student, tuition & fees in the fall semester is usually the same as in the spring semester excluding the health insurance $1710 which is only billed in the fall semester for a one year coverage; if you are a part time student, add the number of credit hours you are planning to register in a year **(24 credits for 1st year part-time J.D.)** multiply it to the applicable tuition rate per credit hour (i.e. J.D. part time $1,545; LL.M. part time $1,710) add other fees (housing, health insurance, etc.)
6. No refunds will be processed until full payment of the contract amount is completed. All financial aid loans must be applied first to your student account and/or payment plan account balance before a refund can be processed.
7. Students on this plan will not be assessed the 1.75% monthly service charge on the contracted amount as long as all payments are receive by the **due date (the first of every month)**. Payments can be made by check, cash, or e-check through Student Access +. No credit card payment.
8. Monthly amount due is a fix amount. Therefore, do not wait for the bills to come before paying your monthly bill. Payments must be received by the first day of every month. Late payment fee of $60 will be assessed if payment is not received on the **due date (the first of every month)**.
9. If the bank returns your check or e-check, your account will be assessed a returned check fee of $60 in addition to the late penalty.
10. If your payments are late two times, your payment plan account will be cancelled. You will be required to pay the outstanding balance on your student account immediately. Also, your student account will be blocked until you have fully paid the balance on your student account.

CONTRACT AMOUNT: $ _____ (See term #5)

Amount due/1st day of every month $_____
(Contract amount divide by number of payments)

Did you include the Health Insurance Fee on the Contract Amount? ____YES ____NO

MONTHLY PAYMENT DUE (missed monthly payment, see term #3) **$_____**

APPLICATION FEE **$_____90.00**

AMOUNT DUE/REMITTED **$_____**

I hereby promise to pay the contract amount in (FIVE) / (TEN) monthly equal payments. I promise to pay any additional charges that will be assessed on my student account and I must pay within thirty days from the date the charges incurred. I promise to complete my payments and my account must be fully paid by (NOVEMBER 1, 2008) / (APRIL 1, 2009). I understand that if my payment plan accounts remains unpaid after (NOVEMBER 1, 2008) / (APRIL 1, 2009), my student account will be blocked. I understand that the block will prevent my registration for any future semester, release of transcripts of grades, release of diplomas, bar certification or any other certification.

I have read and agree to the terms of the Georgetown University Law Center Monthly Payment Plan.

Student's Name: _____GoCard UID: _____

Billing Address: _____

_____

Signature: _____ **Date:** _____

TO BE COMPLETED BY OFFICE OF STUDENT ACCOUNTS. Distribution of the contract amount:

FALL 2008 $_____SPRING 2009 $_____ INITIAL _____DATE _____