

USM Payment Policy Acknowledgment Form

Name _____ Date _____

Student ID # _____ University e-mail _____

Phone # (H) _____ (Cell) _____

Mailing Address _____

I realize my University charges were not paid when due. **I understand that if I register for Winter Session, payment is due on the day of registration. I also understand that my classes can be cancelled if Winter Session charges are not paid on the day of registration. Registering for W-Session? yes _____ no _____**

I understand that if I register for Spring Semester 08, my registration will be cancelled without additional notice, if my charges are not paid by January 5, 2008. I also understand that I will not be allowed to live in University housing or use a meal card if my registration is cancelled. Registering for Spring 08 ? yes _____ no _____

Signature _____

Office Use Only

This student (check one) is _____ is not _____ eligible to enroll in the payment plan

Per _____ Date _____