



**MOUNT CONTINUING  
STUDIES PROGRAMS**

**PAYMENT IN FULL**

**Payment is due by the end of the first week of Academic Period**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**SUMMER**

COURSE INFORMATION \_\_\_\_ YEAR \_\_\_\_ F1 \_\_\_\_ F2 \_\_\_\_ F3 \_\_\_\_ F4 \_\_\_\_ S1 \_\_\_\_ S2 \_\_\_\_ S3 \_\_\_\_ S4 \_\_\_\_ M1 \_\_\_\_ M2

1. Course Name \_\_\_\_\_

Course Number and Section \_\_\_\_\_ Term \_\_\_\_\_

2. Course Name \_\_\_\_\_

Course Number and Section \_\_\_\_\_ Term \_\_\_\_\_

3. Course Name \_\_\_\_\_

Course Number and Section \_\_\_\_\_ Term \_\_\_\_\_

**PAYMENT OPTIONS**

- Cash
- Check Number: \_\_\_\_\_
- Credit Card:
  - Visa
  - MasterCard
  - Discover
  - American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Plus 3 digit Security # on back of Card \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Upon non-payment Mount St. Mary's University may declare any remaining balance due and payable. In the event this agreement is referred to an attorney for collection through legal proceedings or otherwise, I agree to pay reasonable collection costs and fees, attorney's fees, court costs and other related costs to Mount St. Mary's University. Default interest shall accrue at the rate of one and one-half percent (1 1/2%) per month (18% APR) from the date of default until the date of payment, and shall be the rate of interest applicable to any judgement. I understand the use of any of the above deferment options creates a financial obligation between the University and myself. A transcript release hold will be applied to my student record throughout the deferment period. Transcripts will not be released until tuition is paid in full.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_