



**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 _____

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

Discover

MasterCard

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 _____