Francis Marion University Semester Payment Program Enrollment Form – Spring 2008

Who is eligible?
A Francis Marion University student whose semester fees are $500.00 or more and has a 2.0 or better cumulative GPA is eligible for the Semester Payment Program. Charges may include general university fees and housing fees. All previous debts to the University must be paid in order to be eligible. Fees are subject to change.

How does the Program work?
Financial assistance that has been applied to the student's account is subtracted from the total charges for the semester. The balance is divided into four equal payments. The first payment plus a $50.00 **non-refundable** enrollment fee must be received by the semester payment due date to prevent cancellation of classes (Spring 2008 1st payment due December 4 or at registration, 2nd payment due February 1, 3rd payment due March 3, final payment due April 1). A payment plan is not available for Summer terms.

What if I miss a payment?
All payments must be received by the payment due date. A student who has a delinquent account will not be able to pre-register for classes, request a transcript or receive a diploma. If the student has already pre-registered for the next term, he/she may be dropped from these classes. A $15.00 late charge will be assessed the day after the due date. A student who has missed two consecutive payments or has a delinquent account 10 days after the final payment date may be removed from his/her classes. A student who is delinquent with his/her payments may not be eligible to participate in the program for future semesters. Delinquent accounts are referred to a collection agency. The student will be responsible for any collection costs, attorney fees or court costs.

How do I apply for the Program?
Complete the enrollment form at the bottom of this page and return it with the first payment to the Cashier's Office, Francis Marion University, P.O. Box 100547, Florence, SC 29501 or fax the form to 843-661-1198. The Cashier's Office is located in the Stokes Administration Building, Room 104. Enrollment in the Semester Payment Program will not be complete until the **signed** enrollment form, the $50.00 non-refundable enrollment fee and the first payment are received. A student is required to re-apply for the Program each semester.

I have read, understand and agree to the terms of the Francis Marion University Semester Payment Program.

Student's Name____ **Student's Social Security Number**________________________

Student's Signature____ **Date** _______________ **Phone#**_________________________

Payment Calculation (Car Registration, Patriot Card, Payment Plan Enrollment Fee ARE NOT ELIGIBLE for the Payment Program):

A. Enter ONLY the general university fees and housing fees, if applicable. Refer to the fee schedule in the semester brochure (fees are subject to change). $________________ **(A)**

B. Enter financial assistance awards. $________________ **(B)**

C. Subtract Line B from Line A. Enter the amount. This is your balance due. $________________ **(C)**

D. Multiply the amount on Line C by 25% (.25). $________________
Add the enrollment fee of $50.00. $ 50.00
This is the amount of your first payment (due when registering). $________________ **(D)**

E. Multiply the amount on Line C by 25% (.25). This is the amount of your 2nd payment (due 2/1) $________________ **(E)**

F. Multiply the amount on Line C by 25% (.25). This is the amount of your 3rd payment (due 3/3) $________________ **(F)**

G. Multiply the amount on Line C by 25% (.25). This is the amount of your final payment (due 4/1) $________________ **(G)**

Withdrawal from the University does not decrease debt or relieve the student of financial responsibility for fees, housing, board, or other incurred charges. See the Refund Schedule in the University Catalog.

Method of Payment:
___ Check or money order payable to "Francis Marion University".
___ VISA, MasterCard, Discover (Each payment must be authorized if paying by Credit Card). Complete the form on the bottom of this page.

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Credit Card Authorization:
Student Name____Social Security Number___________________________
Total Fees to be Charged $________________________
_______ DISCOVER _______ MASTERCARD _______ VISA
Account No. ____/ ____/ ____/ ____/ ____/ ____/ ____/ ____/ ____/ ____/ ____/ ____/____/ _____/ _____/ _____/
Exp. Date________________(Mo/Yr)
Cardholder Name____
Cardholder Address____
City_____________________________________State_________Zip___________Phone Number___________________________
The issuer of the card identified on this item is authorized to the pay the amount shown as total upon presentation. I promise to pay the total (together with any other charges due thereon) subject to and in accordance with this agreement governing the use of such card.
Cardholder Signature____Date__________________________

Accounting – White Student - Yellow