



3201 Eaton Road • Green Bay, WI 54311 • 1-920-433-6640

Application for DPT Spring Semester Payment Plan

Student Name: _____

Student ID Number: _____

Program of Study: _____

I hereby apply to participate in the Bellin College Semester Payment Plan for payment of tuition and fees resulting in my enrollment for the **Spring 2024 semester**.

With this requested enrollment for the **Spring 2024** semester I agree to remit the balance in four equal installments on: **January 9, February 1, March 1, and concluding on April 1, 2024.**

I authorize Bellin College to charge my tuition account for the **nonrefundable enrollment fee of \$15.00 for the Spring semester.**

It is understood that failure to comply with this payment plan will result in cancellation of the plan and the full balance of tuition and fees due. I also understand that failure to submit my monthly payment by the due date may result in a \$25 late payment fee.

This document and first payment must be returned to the Bursar no later than **January 9, 2024** to be enrolled in the spring semester payment plan.

By signing this document, I agree to all the above terms.

Signature

Date

For Office Use Only:

Date Received _____ Initial _____