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

# Application for Fall Graduate 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 **Fall 2026 semester.**

With this requested enrollment for the **Fall** semester, I agree to remit the balance in four equal installments on: **September 11, October 9, November 9, and concluding on December 9, 2026.**

I authorize Bellin College to charge my tuition account for the **non-refundable enrollment fee of $15.00 for the Fall semeste**r.

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 and loss of online course access.

This document must be returned to the Bursar no later than **September 4, 2026** to be enrolled in the fall semester payment plan.

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

_____ _____

Signature Date

For Office Use Only:

Date Received_____ Initial_____