



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

Application for Fall Undergraduate 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: **August 28, September 28, October 28, and concluding on November 27, 2026**.

I authorize Bellin College to charge my tuition account for the **non-refundable enrollment fee of \$15.00 for the Fall 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 and loss of online course access.

This document must be returned to the Bursar no later than **August 21, 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 _____