

**UNIVERSITY OF ST. THOMAS  
END OF TERM PAYMENT PLAN ENROLLMENT FORM**

To enroll in the End of Term Payment Plan, this Enrollment Form must be properly completed and submitted within ten (10) days of your registration for classes. If you have any questions about the End of Term Payment Plan or this form, contact the St. Thomas Business Office before signing this form.

**STUDENT CERTIFICATION**

By completing, signing and submitting this Enrollment Form, I hereby certify that:

1. I am the student named below.
2. I wish to enroll in the End of Term Payment Plan for the academic term identified below.
3. I have not applied for and am not receiving financial aid for the academic term.
4. My employer has responsibility to reimburse fifty percent (50%) or more of my tuition balance for the academic term upon receipt of a grade report.
5. I understand and agree that I am subject to all terms and conditions of the Student Payment Agreement and Disclosure Statement regardless of whether my employer pays my outstanding tuition charges for the academic term.

**SIGNATURE AND STUDENT INFORMATION**

Please sign and date in the boxes where indicated. If the student is under the age of 18, a parent or guardian signature is required. Please print all other requested information.

Academic Term for which you are enrolling in this plan:  <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer      Year: _____			
Student Signature:		Parent or Guardian Signature:	
Student Printed Name (last, first, middle):		Parent or Guardian Printed Name:	
Date:		Date:	
Student's St. Thomas ID:		Last Four Digits of Student's Social Security Number: XXX-XX-	
Home Address		City	State      Zip
Billing Address (if different than Home)		City	State      Zip
Phone Number:		Mobile Number (if different):	