TUITION PAYMENT PLAN AGREEMENT FORM

Purpose of this form: Use this form if you are not able to pay your full tuition balance at the beginning of the semester. You must meet all due dates that are established by the university. These dates are the same for all students.

Student's Name: ____
First Middle Last

VIU ID#:____________________ Program of Study: ___________ Semester: ________________________

Address: ____
Street City State Zip

Tel: _____________________________ E-mail:________________________________

Terms and Conditions

1. I agree to pay my tuition balance under the terms of **Plan _____**. I request this benefit from Virginia International University.
2. I agree that the plan can't be changed or canceled after it gets approved.
3. I agree to pay student service fee and insurance before applying for my installment.
4. I agree to pay all my installments on time understanding that this means on or before the due date established.
5. If I pay by check and it is returned for insufficient funds, then I will pay the penalty and late fee plus a $40 returned check fee.
6. Tuition payments received are first applied against the oldest outstanding amounts.

Late Payment Policy

7. **Penalty and Late fee.** If I fail to pay the full due amount on or before the due date, I agree to pay a late fee of **3%** on each installment payment that is delinquent. I understand that this late fee of 3% will be accumulating until the day I pay the total dues. This penalty and late fee will be added to my account starting from the day following the due date. Late fee will only apply to the tuition and installment fee and weekends and holidays are counted towards the late days.
8. **Notice.** After 1 week of account delinquency I will be informed in writing by Accounting Office of penalty and late fee realization. I understand that failure to pay my dues could affect my student status.
9. **Lose eligibility for payment plan.** If I fail to pay my installments on time on more than one occasion, then I will not be eligible for a payment plan the following semester.
10. **Readmission withholding.** If I have any outstanding tuition balance, then I will not be able to enroll for future classes until I fulfill my obligation and I may risk my student status.

I agree, and have read and understood all the above terms and conditions.

Student Signature: _________________________ Date: _______________

Office Use Only

☐ **Payment History** ☐ **Paid Fees**

Accounting Officer's Signature: _________________ Date: _______________

Director of Finance's Signature: ___________________ Date: ________________

We will post the due date reminder around the campus, however, we are not obligated to inform you individually. It's your responsibility to adhere to the due dates and avoid any additional fees.

Non-Discrimination Policy

It is the policy of Virginia International University to provide equal educational opportunities for all people regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity and expression, family responsibilities, political affiliation, disability, source of income, place of residence or business, and veteran status.