

Pomona College Payment Plan Agreement 2009-10

Student's Name: _____

Parent's Name: _____

Billing Address: _____

City _____ State _____ Zip _____

We will participate in the Pomona College Payment Plan ("the Plan") and accept the following terms and conditions of the Plan:

- (1) Application for participation in the Plan for the 2009-10 academic year must be received at the Pomona College Business Office by **June 1, 2009**. Application for participation for the 2010 Spring Semester *ONLY* must be received at the Pomona College Business Office by **November 1, 2009**.
- (2) Payments must be made in four installments per semester. Payments are calculated on the basis of total standard charges (tuition, student body fees, room and board) less scholarships, grants and loans. Any special charges, such as laboratory fees or parking fines, are specifically excluded and become due and payable when billed.
- (3) There is a non-refundable fifty dollar (\$50) per semester service fee for the Plan. Divided over eight payments, it amounts to twelve dollars and fifty cents (\$12.50) per payment. No payment is due with the return of this form.
- (4) Payments are due on the *FIRST DAY* of each billing month. Fall semester payments begin August 1, 2009, and end November 1, 2009. Spring semester payments begin January 2, 2010, and end April 1, 2010. Payments received at the Pomona College Business Office five business days after the due date are subject to a twenty-five dollar (\$25) per month late payment fee.
- (5) There will be a \$50 charge assessed for all returned checks.
- (6) In the event of withdrawal from the College, refunds will be made in accordance with College policy as stated in the *Pomona College Catalog*.
- (7) Statements will be sent to the Parent's address unless otherwise noted above.
- (8) This agreement remains in effect until the student is no longer enrolled at the College or the agreement is cancelled in writing by either party.

Please note: Pomona College does not accept payments via credit cards.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Return by June 1. *You may use the enclosed reply envelope (which must be returned by May 1) or, if you choose to return this form under separate cover, please send it to:*

Pomona College
Student Accounts Office
149 Alexander Hall
550 North College Avenue
Claremont, CA 91711-6383

*For more information,
call: (909) 621-8214.*

Please make and keep a copy of this form for your records.