

## EXTENDED PAYMENT AGREEMENT

Student Name:			):
INSTRUCTIONS		(8-digit ID number)	
Please read the terms of this agreement carefu	lly before signing. Comp	leted forms may be sent by	email to <u>bursar@admin.umass.edu</u> .
SPRING 2024 SEM	MESTER: the deadli	ine to submit this for	m is March 10, 2024.
(name of supervisor or HR representative)  I promise to pay the University of Ma  I understand that payments or loan di outstanding balance on my account, t will be no refund issued to me unless  I understand that the University of M based on the university's refund polic suspended, or if I am dismissed.  I understand that if I participate in thi diploma and official academic transc.  I understand that the University of M	the test of the te	of	nusetts Amherst and that I am qualified to a submitting this application. This can be ame of employer)  Extended Payment Due Date listed below. Due Date will be applied directly to any led Payment Due Date. I understand that there lance under this note (adjusted as necessary tely due and payable if I withdraw, if I am University of Massachusetts will hold my this plan to any student who misrepresents a meet the Extended Payment Plan enrollment or
In the case of non-payment, the Univ Administratively Withdrawn from the	e university; grades and tr nmencement activities. A	anscripts will be withheld, ny unpaid balance may als	payment fee and the student will be registration in future semesters will be o be submitted for collection action which may
SCHEDULED PAYMENT Fees associated with the Fall 2023 semester w	ill be due no later than the	e due date listed below.	
	Term Balance:		
	Due Date:	July 7, 2024	
SIGNATURE  I hereby certify that I have read, understand a	nd agree to the terms and	l conditions as stated above	·
(Signature)			(Date)
(Email Address)			