

23 South Spring Avenue St. Louis, MO 63108-3323 Phone: 314.256.8800 Fax: 314.256.8888

Registration and Payment Plan Form

(Note: this form will only calculate correctly in Adobe Acrobat Reader)

Please save this file to your computer and then

attach it in an email to registrar@ai.edu

Name:	Last	First	MI	SID #:		Se	mester:		Yea	ar:	
Mailing A	ddress:			City:			State:		Zip:		
Phone (h	iome):		(cell):				(work):				
e-Mail:											
Emergen	cy Contact:		Emergency Contact Phone #:								
Degree Program: Cohort Name and/or Number:											
	Course Inforr	nation	(add course	information; check	credit o	r audit ac	ld appropriate tui	tion r	ate enter	crec	lit houre)
Course #	ourse illion	Course Title	(add course	Professor	Credit		Rate** See below for rate	lion	Credit Hours	cred	Tuition
					mouse	to select)		х	110410	=	
								х		=	
								х		=	
								х		=	
								X		=	
		**Tuit	tion rate is \$415	5 per credit hour fo	r credit aı	nd \$285 f	or audit. Tot Less Fina	tals	Aid (if on		
							Enter	amo	unt award	ed	
			New stud	dent application	n fee i	f not pr	eviously paid	d: (<u>?)</u>		
	Total Tuition Balance										
				Gra	nd To	tal Tu	ition & Fee	s			
Student Signature:				Date:							
Faculty Advisor:				Date:							
Registrar:				Date:							
Pay ii	t Method: (ch	k ¹ (submit with reg	gistration form	; check will be pro	cessed ι	upon rece	eipt or, submit vo	oid cl	neck for e	lectr	onic
	processing on M		processed Max	v 19 2012\							
Pay in full by credit card ² - (to be processed May 18, 2012)											

Pay in full by direct debit^{1&2} (to be processed May 18, 2012)

Full scholarship

Need payment plan³ – complete and return this agreement form.

¹ Returned checks, returned/unpaid debits, and declined charge payments are subject to a \$50 handling charge.

² Students paying by credit/debit card must submit credit/debit card information on next page.

Students requesting a payment plan must supply bank or credit card information in the space below; electronic payment is required for payments scheduled after the first day of class.

Tuition Payment Plan and Agreement

Student Name: Semester: Year:

If a payment plan is requested the *Tuition Payment Plan and Agreement* must be completed and signed to complete the registration process.

I hereby request that Aquinas Institute of Theology allow me to pay my tuition (hereafter referred to as **my account balance**) in four (4) payments throughout the semester. The first payment will consist of a minimum of 50% of my account balance and is due no later than May 21, 2012. I will pay the remaining account balance in one (1) installment that is payable on the last Friday of June as shown in the payment schedule below:

Payment	Date *	Amount	Amount Due
1	05/18/12		50% of tuition.
2	06/29/12		Account balance.

^{*}Electronic payments will be processed on the dates shown.

Verify 2 payments = Grand Total Tuition and Fees

I agree to make my scheduled payments electronically.

(Please check one option below):

On the dates shown above, Aquinas Institute of Theology may draft my bank account electronically; my bank account information appears below.

On the dates shown above, Aquinas Institute of Theology may charge my credit/debit card; my credit/debit card information appears below.

I understand that a returned electronic draft or a declined credit/debit card payment is subject to a \$50.00 service charge, and that I may be asked to withdraw from class(es) for non-payment in the event of a returned payment. I have been informed that diplomas, transcripts and grades will not be released if account balances are not paid in full, and that students with outstanding balances will not be allowed to register for additional classes.

I have read and understand the **Registration Form** and the **Tuition Payment Plan and Agreement**. I understand that I am fully responsible for the payment of my account balance according to schedule, and that I am responsible for payment even if another party has promised to make payment on my behalf and/or I qualify for tuition reimbursement from my employer. I have been informed that I may be reported to credit reporting bureaus in the event of non-payment of my account balance.

Bank Information				
Bank Name				
Bank Address				
City / State / Zip				
Account Name				
Account #				
Checking *				
or Savings				
Bank Routing #				

Credit/Debit Card Information				

^{*} If payment is being made from a checking account, please provide a voided check with the registration form.

Student Signature: Date:

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