

EXTENDED PAYMENT AGREEMENT

Student Name:		Student/SPIRE ID):	
		(8-digit ID number)		
INSTRUCTIONS No. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (11 1 6	1 4 1 6 1 4 1	7. 16. 40. 1	
Please read the terms of this agreement careful	ally before signing. Comp	pleted forms may be sent by	email to kfawcett@admin.umass.edu.	
SUMMER 1st 6 V	Veek Session: the de	adline to submit this f	orm is <u>May 28, 2024</u> .	
CERTIFICATION of ELIGIBILITY and	PROMISSORY NOTE			
• I certify that I am enrolled in the Ise	nberg Graduate Program	•	nusetts Amherst and that I am qualified to a submitting this application. This can be	
	at () -	of	ame of employer)	
 I promise to pay the University of M. I understand that payments or loan doutstanding balance on my account, will be no refund issued to me unles. I understand that the University of M. based on the university's refund polisuspended, or if I am dismissed. I understand that if I participate in the diploma and official academic transce. I understand that the University of M. his/her eligibility for company-sponsipayment deadline. In the case of non-payment, the University of M. 	Iassachusetts the amount lasbursements received be thereby reducing the amount is there is a credit balance. Massachusetts reserves the icy and by payments applications plan for my last semesteripts until the final payments are university of Massachusetts reserves the sored tuition reimbursements are university; grades and the mmencement activities.	listed below no later than the fore the Extended Payment ount to be paid on the Extended on my student account. Tright to declare the total based to the account) immediate the prior to graduation, the Usent is received. Tright to deny enrollment in ent benefits, or who does not has the right to assess a late paranscripts will be withheld, Any unpaid balance may als	e Extended Payment Due Date listed below. Due Date will be applied directly to any ded 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 to meet the Extended Payment Plan enrollment or	
SCHEDULED PAYMENT	. 211			
Fees associated with the Summer Session 1 s	emester will be due no lat	ter than the due date listed b	elow.	
	Term Balance:		7	
	Due Date:	August 22, 2024	\dashv	
SIGNATURE		, , , , , , , , , , , , , , , , , , ,		
I hereby certify that I have read, understand to	and agree to the terms and	d conditions as stated above	<i>t.</i>	
(Signature)		_	(Date)	

(Email Address)