



CALUMS

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

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TUITION INSTALLMENT PAYMENT PLAN REQUEST FORM

(Processing Fee : \$200)

STUDENT ID # _____ QUARTER / YEAR _____

STUDENT NAME _____
Last First Middle

E-MAIL ADDRESS _____ TELEPHONE # _____

PREVIOUS BALANCE _____ AMOUNT TO BE PAID BY INSTALLMENTS _____

***Not available for first and last quarter students and/or with prior balance.**

PAYMENT SCHEDULE

	<i>Date</i>	<i>Amount due</i>
		<i>(\$50 credited if paid on time)</i>
1st Payment	_____	_____
2nd Payment	_____	_____
3rd Payment	_____	_____

I understand that if I fail to settle the balance by the last payment due date, I will be subject to whatever measures the school take, even terminating I-20.

STUDENT SIGNATURE _____ DATE _____

*Please attach **1 page statement** about why you should take Tuition Deferment.

FOR OFFICE USE ONLY:

APPROVED

DENIED

Reasons for the Rejection

Finance Officer/ Committee

DATE