

## EXTENDED PAYMENT AGREEMENT

Student Name:			Student/SPIRE ID:	
INCTRICTIONS		(8-digit ID number)		
<u>INSTRUCTIONS</u> Please read the terms of this agreement car	efully before signing. Co	mpleted forms may be sent by	email to kfawcett@admin.umass.edu.	
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SUMMER 1st 6	Week Session: the d	leadline to submit this f	orm is <u>May 23, 2025</u> .	
CERTIFICATION of ELIGIBILITY an	d PROMISSORY NOTI	E		
I certify that I am enrolled in the I	senberg Graduate Progran	n at the University of Massacl	nusetts Amherst and that I am qualified to a submitting this application. This can be	
	at ( ) -	of	ame of employer)	
<ul> <li>I promise to pay the University of</li> <li>I understand that payments or loan outstanding balance on my account will be no refund issued to me und</li> <li>I understand that the University of based on the university's refund purple suspended, or if I am dismissed.</li> <li>I understand that if I participate in diploma and official academic transfer of the University of his/her eligibility for company-spending payment deadline.</li> <li>In the case of non-payment, the University of the case of non-payment, the University Withdrawn from the case of the case of</li></ul>	Massachusetts the amount disbursements received but, thereby reducing the angless there is a credit balance of Massachusetts reserves the policy and by payments applied this plan for my last sements until the final pay of Massachusetts reserves the tonsored tuition reimburser of the university; grades and commencement activities.	at listed below no later than the before the Extended Payment mount to be paid on the Extended on my student account. The right to declare the total bar plied to the account) immedia ester prior to graduation, the Ument is received. The right to deny enrollment in ment benefits, or who does now as has the right to assess a late d transcripts will be withheld, any unpaid balance may also	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 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 Summer Session	l semester will be due no	later than the due date listed b	elow.	
	Term Balance:			
	Due Date:	August 22, 2025	7	
SIGNATURE  I hereby certify that I have read, understan	ed and agree to the terms o	and conditions as stated above		
(Signature)			(Date)	

(Email Address)