

EXTENDED PAYMENT AGREEMENT

Student Name:	Student Name:		Student/SPIRE ID:	
		(8-digit ID number)		
INSTRUCTIONS	11 1 6	1 . 1	7, 16, 40, 13, 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 10 We	ek Session: the dead	line to submit this for	m is <u>May 26, 2025</u> .	
CERTIFICATION of ELIGIBILITY and	PROMISSORY NOTE			
I certify that I am enrolled in the Ise	nberg Graduate Program a	•	nusetts Amherst and that I am qualified to submitting this application. This can be	
	at () -	of	ume 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 unless. 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 transc. I understand that the University of M. his/her eligibility for company-spons payment deadline. In the case of non-payment, the University of M. 	Iassachusetts the amount la lisbursements received bet thereby reducing the amous there is a credit balance. Massachusetts reserves the icy and by payments appliants plan for my last semest cripts until the final paymed assachusetts reserves the sored tuition reimbursements and the university; grades and the mmencement activities.	isted below no later than the fore the Extended Payment I unt to be paid on the Extended on my student account. right to declare the total balled to the account) immediate the prior to graduation, the Unit is received. right to deny enrollment in the benefits, or who does not that the right to assess a late pranscripts will be withheld, Any unpaid balance may als	e 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 rely 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	
SCHEDULED PAYMENT				
Fees associated with the 10 week Summer Se	ssion will be due no later	than the due date listed belo	DW.	
	Term Balance:			
	Due Date:	October 5, 2025	_	
SIGNATURE				
I hereby certify that I have read, understand to	and agree to the terms and	d conditions as stated above	:	
(Signature)		_	(Date)	

(Email Address)