



Extended Payment Plan

Note: Only credit course fees may be paid through the extended payment program.

Fall Spring Summer 20__ School of Affiliation: SBSTM Other

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____(Home) _____(work) _____(cell)

E-Mail Address: _____

Student Classification

M.Div. MAPS MATS Unclass/SS Other

Courses

Course No. _____ Full/ Half / Other Title _____

Course No. _____ Full/ Half / Other Title _____

Course No. _____ Full/ Half / Other Title _____

Course No. _____ Full/ Half / Other Title _____

Please check the number of extended payments requested: 2 3 4 Other (Please specify below)
(During Summer Session: maximum of 3 payments)

Please provide details as to why extended payment is necessary.

Date: _____ Signature: _____