ONLINE MASTER'S DEGREE PROGRAMS
2009-2010 PAYMENT PLAN APPLICATION

****APPLICATION DEADLINE: OCTOBER 16, 2009****

Complete and return this application ONLY if you choose to pay in monthly installments. Please PRINT clearly.

Payment Plan	Payment Period	Non-Refundable Fee
_____6-Month Note	November 1st – April 1st	$75.00

Student_____**Student ID #**_____
(Last) (First) (Middle Initial)

Billing Address_____

City_____**State**_____**Zip Code**_____

Home Phone ( ) _____**Work Phone ( )** _____

Email Address_____

Birthdate_____**Driver's License #**_____**State**_____

Employer_____

Employer Address_____

City_____**State**_____**Zip Code**_____

Personal References *(please provide two references)*

Name_____**Relationship**_____

Address_____**City/State/Zip**_____

Telephone (Home)_____**(Work)**_____

Name_____**Relationship**_____

Address_____**City/State/Zip**_____

Telephone (Home) _____ **(Work)** _____

Program Major (check one)

Organizational Leadership _____**Communication & Leadership** _____**MS Online Nursing** _____**RN to MSN Nursing** _____

Number of Credits **Fall 2009: Session B**_____ **Spring 2010: Session A**_____ **Session B**_____
Please indicate the number of credits enrolled for each session

- **Payment plans will not be processed without the application fee.**
- **If you will pay in full each semester, you DO NOT need to complete and return this application.**
- **If your financial aid award meets or exceeds your total charges, you are not eligible for a payment plan.**

If student prepays this obligation, no penalty will be imposed. A late fee of 3% of the delinquent payment or $3.00, whichever is greater, will be required to be paid if the total payment due is not paid by the dates indicated.

Upon failure to make payment in full as due, Gonzaga University or its assignee, may, at its option, declare the entire unpaid balance due hereunder as immediately due and payable, whatever the original scheduled due dates. Balances owing after payment due date will accrue finance charges at a rate of 12% per annum.

If this note is placed for collection the student agrees to pay reasonable collection costs and attorney's fees, and if suit shall be brought to collect any principal or interest of this note, the student promises to pay a reasonable attorney's fee. Venue shall be in Spokane County, Washington.

By signing this application, I agree that in the event that my promissory note payments are delinquent, that my employer and/or personal references may be contacted for purposes of locating me. I hereby certify that the above information is true and correct to the best of my knowledge.

SIGNATURE_____**DATE**_____

Applications for the 6 month note received after the October 16, 2009, deadline will result in a $100 late application fee. Applications will not be accepted when there is a prior semester balance owing. You must reapply and pay the application fee for each academic year. Payment plans do not carry over to the next academic year. Summer payment arrangements are not included in the academic year payment plan.

Mail the completed application and fee to:

GONZAGA UNIVERSITY
STUDENT ACCOUNTS
PO BOX 3463
SPOKANE WA 99220

Cory Fray, Online Special Programs Coordinator
Phone: (509) 313-6840 or 1-800-440-5392, ext. 6840
FAX Number: (509) 313-6399
Email: fray@gonzaga.edu

FOLP $100.00