



SACRAMENTO STATE

# Summer Session Payment Plan Request Form

Sac State ID

Summer Session Year

Date

Name (Last)

(First)

(Middle)

Mailing Address (Street)

(City)

(State)

(Zip)

Cell Phone

Home Phone

Work Phone

Email

## Schedule Information

Department & Course #	Session	Fees

To be completed by College of Continuing Education (CCE) Enrollment Services: \_\_\_\_\_ (CCE staff initials)

Total fees: \_\_\_\_\_ to be paid as follows:

1st Payment is due **April 30, 2017** (40%)

2nd Payment is due **May 15, 2017** (30%)

3rd Payment is due **June 15, 2017** (30%)

**Please Note:** Payments are to be made through your Student Center. \_\_\_\_\_ (student initials)

I am aware of the Summer Session drop/refund policy. \_\_\_\_\_ (student initials)

Failure to make payments on due date will result in being dropped for non-payment of fees. \_\_\_\_\_ (student initials)

**Important Information:** Please be aware that you are obligated to pay the total fees as indicated above. If fees are not paid according to this agreement, you will be dropped from your Summer Session courses for non-payment of fees. In addition, you will not be eligible for future payment plans through the College of Continuing Education. Failure to pay fees does not constitute a withdrawal from the course(s). For Summer Session drop and refund policies please refer to the website [csus.edu/summer](http://csus.edu/summer).

**To be signed upon approval in presence of a College of Continuing Education representative.**

I have read and understand the above information and will pay fees according to this agreement.

Signature

Date