



DEFERRED PAYMENT AGREEMENT
For matriculated (MA, DMin, and Graduate Certificate) students only

NAME:
ADDRESS:
ADDRESS:

Student ID#:
Semester: Spring 2009

I hereby elect to pay the tuition due Hartford Seminary for the semester specified above in equal monthly installments over the course of the semester under the Deferred Payment Program. *I understand there is a \$40 administrative fee per semester for participating in the deferred payment program and all bills for prior semesters must be paid in full to be eligible to participate.* To enroll, please bring the first monthly payment to the Business Office on or prior to the first date listed below.

I will pay the amount due the Seminary on the dates indicated below:

Date due:	Amount due:
January 25, 2009	
February 25, 2009	
March 25, 2009	
April 25, 2009	

The last installment is due no later than December 15th, 2008. If the full amount is not paid by that date, the right to apply for future deferred payment plans at Hartford Seminary may be forfeited.

Student Signature: _____

Approved: _____ **Date:** _____

Tuition	
Credit	
Other charges	
SUB TOTAL (or payment in full)	
Payment plan fee	\$ 40.00
TOTAL	
1/4 payment	

If you want to pay quarterly by credit card (MasterCard, VISA, Discover):

Credit card # _____
 Expiration date: _____