

**FOND DU LAC TRIBAL AND COMMUNITY COLLEGE
ADMINISTRATIVE DEFERMENT REQUEST
TUITION & FEE PAYMENT AGREEMENT**

_____ SEMESTER 20 _____

Please Print – Use Black Ink

NAME

ADDRESS

CITY STATE ZIP

Student ID# _____
Phone No. _____

Date of Request _____ Amount of Tuition \$ _____

From what source will you be receiving money for your tuition?

1. Self-pay _____ 2. *Financial Aid _____ 3. Other _____

*All students scheduled to receive Financial Aid MUST see the Financial Aid Director.

Notes: _____

Payment Schedule:

1/3 Arrangement:

- 1. One-third of your tuition is due before the first day of the semester = _____
- 2. One-third of your tuition is due before five weeks into the semester = _____
- 3. One-third of your tuition is due before nine weeks into the semester = _____

Other Arrangements:

Please Specify: _____

Student Agreement:

I agree to abide to the payment schedule above. If I fail to meet this obligation, Fond du Lac Tribal Community College has permission to withhold my financial aid and academic transcripts, claim any tax refunds that I may be entitled to and drop me from classes for the semester. I agree to pay all collection charges, including attorney fees, in the event that I default on this agreement.

(Student's Signature) (Date)

(Recommend Approval) (Date)

(College Director) (Date)