



CIEE COLLEGE STUDY ABROAD
Semester Standard Payment Plan Request Form

Student's name _____ Email _____

Program City & Program Name _____

The charge for this deferred payment plan is \$100.00 and must be submitted along with 50% of the total program fee and this form. This plan may be used with or without the CIEE Financial Aid Deferral Plan. If you wish to combine the plans, please subtract your anticipated financial aid refund amount from your original invoice balance to calculate the base figure for your Standard Payment Plan. A new billing statement, outlining the revised payment schedule, will be available on the student's CIEE account within 7 – 10 business days of receipt of the completed Standard Payment Plan request.

Payment Schedule

Payment Contact (Required)

Person in the US who we can contact in the case of billing issues while you are abroad.

Base Figure: \$ _____

(PLEASE PRINT):

Payment	Amount	Date Due (see above)	
(1)	\$100.00 Plan Participation Fee	Original Bill Due Date	
(1)	+\$ (50 % of <u>Base Figure</u> above)	Original Bill Due Date	
(1)	=\$ (to be delivered with this form)	Original Bill Due Date	
(2)	\$ (25 % of <u>Base Figure</u> above)	Fall: Sept. 1st	Spring: Feb. 1st
(3)	\$ (25 % of <u>Base Figure</u> above)	Fall: Oct. 15th	Spring: Mar. 15th

_____ Contact Name

_____ Relationship to student

_____ Contact's Full Mailing Address

_____ Contact's Email Address (REQUIRED)

_____ Contact's Daytime Telephone (REQUIRED)

By signing below, I acknowledge that I am ultimately responsible for ensuring that my CIEE program fees are paid in full. If payments are not made as outlined, I am fully liable for any applicable late fees as explained in the CIEE Payment Policies. I am fully liable for all outstanding program fees as determined by CIEE's Withdrawal or Deferral Refund policy, should I choose to withdraw from the program before it begins or once it has begun.

Student's Signature _____

Date _____

Payment plans will not be processed until after the full first installment payment has been received.

Please return the completed form by email to studybillingteam@ciee.org.