



## Form B: Proposed Standard Payment Plan

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. **The charge for the Standard Payment Plan is \$100.00 per semester, to be submitted with this form.**

I, \_\_\_\_\_ (Student's name) \_\_\_\_\_ (Email), request to be considered for the following alternative payment schedule. I personally guarantee payment to CIEE - International Study Programs for the program fee due for my participation in the following program administered by CIEE:

**SPRING** Program City & Program Name (if additional) \_\_\_\_\_

**I promise to make payments towards my program fee under the following terms:**

- Fifty percent of the balance due, **plus** the \$100.00 deferred payment plan fee (per semester if continuing), to be paid by the due date as listed on the invoice, and returned to CIEE with this form.
- **SPRING:** The next twenty-five percent to be paid by March 15, and the final twenty-five percent to be paid by May 1.
- **FALL:** Please visit [www.ciee.org/study/terms.aspx](http://www.ciee.org/study/terms.aspx) after March 15, for the updated fall Standard Payment Plan form.

**This payment plan option is not available for January or Summer term programs.**

- For Calendar Year or Academic Year participants, you are required to submit a Standard Payment Plan form and the \$100.00 participation fee for each semester if you wish to continue this payment option for the second semester.

**To be completed by student:** Payment Plans will not be approved if any items on this form are left blank.  
**Please make a copy of the completed form for your records.**

### Payment Schedule

### Payment Contact (Required)

**Base figure:** (Balance on original invoice *or difference between original balance and anticipated financial aid refund*): \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Person in the U.S. who can be contacted about payment issues while you are away (PLEASE PRINT):

| Payment | Amount   | Date Due<br>(see above)          |
|---------|--|----------------------------------|
| (1)     | <b>\$100.00</b><br>Plan Participation Fee                              | <b>Original Invoice Due Date</b> |
| (1)     | <b>+\$</b> _____ , _____ . _____<br>(50 % of <b>Base Figure</b> above) | <b>Original Invoice Due Date</b> |
| (1)     | <b>=</b> \$ _____ , _____ . _____<br>(to be delivered with this form)  | <b>Original Invoice Due Date</b> |
| (2)     | <b>\$</b> _____ , _____ . _____<br>(25 % of <b>Base Figure</b> above)  | Spring:<br><b>March 15</b>       |
| (3)     | <b>\$</b> _____ , _____ . _____<br>(25 % of <b>Base Figure</b> above)  | Spring:<br><b>May 1</b>          |

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Contact's Full Mailing Address

\_\_\_\_\_  
Contact's Email Address (REQUIRED)

\_\_\_\_\_  
Contact's Daytime Telephone (REQUIRED)

I understand that once a completed Standard Payment Plan request form has been received by CIEE, I will be sent an email (within 7-10 business days) that will outline the revised payment schedule for my program fees. I understand that the charge for this deferred payment plan is \$100.00. I understand that the \$100.00 is to be submitted along with 50% of my total program fee, this form, and a copy of my initial invoice. I understand that if payments are not made as outlined, I am fully liable for any outstanding program fees, including applicable late fees as explained in the CIEE Payment Policies ([www.ciee.org/study/terms.aspx](http://www.ciee.org/study/terms.aspx)). I also understand that I am fully liable for all outstanding program fees as determined by CIEE's Withdrawal or Deferral Refund policy, should I withdraw from the program before it begins or leave once it has begun. I understand that I am ultimately responsible for ensuring that my CIEE program fees are paid in full.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Forms received without the full first installment payment will be considered incomplete.**

Please return form with invoice copy and initial payment to:

CIEE  
ATTN: Billing Coordinator  
300 Fore Street  
Portland, ME 04101  
or via **FAX** with Credit Card Payment Form at: **207-221-1456**