



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

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.

I, _____ (Student's name) _____ (Email), request to be considered for the following alternative payment schedule. I personally guarantee payment to CIEE for the program fee due for my participation in the following program administered by CIEE (complete only the term that is applicable to this request—a separate form must be submitted for each term for full-year participants):

FALL TERM Program City & Program Name _____

SPRING TERM Program City & Program Name _____

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 original bill, and returned to CIEE with this form.
- **FOR SPRING:** The next twenty-five percent to be paid by March 15, and the final twenty-five percent to be paid by May 1.
FOR FALL: The next twenty-five percent to be paid by November 1, and the final twenty-five percent to be paid by December 15.

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.

Payment Schedule

Base figure: (Balance on original bill or difference between original balance and financial aid refund, as outlined on CIEE Financial Aid Deferral Form):

\$ _____ , _____ . _____

Payment Contact (Required)

Person in the U.S. who can be contacted about payment

issues while you are away. THIS SHOULD NOT BE A FINANCIAL AID ADVISOR OR SCHOOL REPRESENTATIVE (PLEASE PRINT):

Payment	Amount	Date Due (see above)	
(1)	\$100.00 Plan Participation Fee	Original Bill Due Date	
(1)	+\$ _____ , _____ . _____ (50 % of Base Figure above)	Original Bill Due Date	
(1)	= \$ _____ , _____ . _____ (to be delivered with this form)	Original Bill Due Date	
(2)	\$ _____ , _____ . _____ (25 % of Base Figure above)	Spring: March 15	Fall: November 1
(3)	\$ _____ , _____ . _____ (25 % of Base Figure above)	Spring: May 1	Fall: December 15

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 bill. 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 and in my Participant Contract). 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 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 copy of bill and initial payment to:

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