

chatham UNIVERSITY

Tuition Installment Program APPLICATION

*** NOTE: Application is NOT valid unless received with first installment payment ***

Personal Information

Name _____	SSN _____	ID # _____	
(Last)	(First)	(MI)	
Address _____	(City)	(State)	(Zip)
(Street/Box #)			
Phone # _____	Alternative Phone # _____		
Driver's License # _____	State _____	Exp. Date _____	
Email Address (please list one most frequently used) _____			

Employment Information

Employer Name _____	Phone # _____		
Address _____	(City)	(State)	(Zip)
(Street/Box #)			

Parent/Guardian/Spouse Information

(Please supply information for one parent/guardian if single or spouse information if married.)

Name _____	Phone # _____		
Address _____	(City)	(State)	(Zip)
(Street/Box #)			

Personal References

You may use relatives, neighbors, co-workers, and/or friends. Personal references should not be people with whom you reside.

Name _____	Phone # _____		
Address _____	(City)	(State)	(Zip)
(Street/Box #)			
Name _____	Phone # _____		
Address _____	(City)	(State)	(Zip)
(Street/Box #)			

Applicant Agreement:

I, the student, hereby apply for enrollment in the Tuition Installment Program offered by Chatham University. By placing my signature below, I agree to pay Chatham University the amount charged to my account for tuition, fees and other services. I understand that if the entire amount owed under this plan is not paid, Chatham University may subject me to penalties, including but not limited to the withholding of student records, denial of registration, late payment fees, interest charges, collection costs, reasonable attorney fees, and court costs. Further, I understand that my enrollment in the Tuition Installment Program will not be finalized until an installment contract is signed and returned to the Office of Student Accounts.

Signature of Student _____ Date _____