

Boston College Payment Plan (BCPP) Enrollment Form Graduate and WCAS Students

I would like to participate in the BCPP and have enclosed the required down payment due for this semester.

Name: _____

Address: _____

Eagle Number: _____

E-mail Address: _____

Daytime Phone Number: _____

Send your application to:
Boston College Credit Office, Lyons Hall 103,
Chestnut Hill, MA 02467

Amount due for the current semester: \$ _____

Less payment due now: \$ _____

(Minimum 25% of balance due)
(50% minimum if after the drop/add period)

No applications for this program will be accepted if the required down payment is not included.

Remaining balance: \$ _____

I understand that I am responsible for paying the remaining balance (c) listed above **plus a 3% participation fee** in three installments. A schedule of payments will be mailed to the address given upon receipt of this form and the down payment. If I default on this payment plan, I will not be able to participate in the following:

- Future registrations, if prior balance remains unpaid
- Future participation in this deferred payment plan.

Signature: _____ Date: _____