



Office of Student Services  
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: \_\_\_\_\_

I  do  do not need the Boston College Medical Insurance. **If you do not need the medical insurance, you must waive it in the Agora Portal ([portal.bc.edu](http://portal.bc.edu)).** Select the “My Services” option from the main menu and then “Medical Insurance” under “Account and Personal Info.” To provide proof of comparable coverage, you will need to have information about your current health insurance plan readily available. **If you do not complete a waiver, you will automatically be enrolled in and charged for BC’s insurance plan.**

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 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 payment plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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