



## Payment Agreement Form

I, \_\_\_\_\_, agree to pay the full cost of tuition and fees for the period of time that I  
full name of student  
have committed to (1 or 2 trimesters). I understand that I am obligated to pay any portion of my bill that is not covered by my sponsor. I understand that failure to pay these costs in a timely manner may result in termination of my student visa. I have read and understood all payment requirements and refund policies.

Applicant's signature: \_\_\_\_\_

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

**Submission of this form must include:** Recent bank statements (less than 90 days old)

