

USM Payment Policy Acknowledgment Form - Spring 2020

Name _____ Date _____

Student Id. No. _____ University e-mail _____

Phone # _____ Cell Phone # _____

Mailing Address _____

I realize my University charges for a past semester were not paid when due.

I understand that if I register for the Spring Semester 2020, my registration may be canceled without additional notice, if my charges are not paid by January 15, 2020. I also understand that I will not be allowed to live in University housing or use a meal card, if my registration is canceled.

Signature _____

This student (check one)..... ___ is ___ is not.....eligible to use a payment plan.

Per _____ Date _____