University of Dallas – Graduate School of Management – 10172-03

Interest-Free Monthly Payment Option · On-Campus Enrollment Form

Insurance covering the balance of your Total Payment Plan is available.
Questions? Dial **1-800-722-4867, ext 740** Monday-Saturday or visit www.afford.com

TUITION MANAGEMENT SYSTEMS

Student's SS#: - - Student's Name: _____

Student ID# (required): _____ Expected Grad Term: (circle one) SP SU FL Year: _____

Bill Payer's Name: Mr./Mrs./Ms. (First) _____ (M.I.) _____ (Last) _____

Street Address: _____

City: _____ State: _____ Zip Code (+4): _____ - _____

Phone: Day ( ) _____-_____ Evening ( ) _____ - _____ Payer's Email: _____

Please note that ¼Fall cost is due along with the enrollment fee at the time of the University of Dallas registration.
All checks must be made payable to Tuition Management Systems.

STANDARD PLAN OPTION – If using Standard Plan Option, you may enroll over the phone or on our web site at www.afford.com.

FALL ONLY

1st Payment due at **Registration;** 2nd Payment due September 1st 2003; 3rd Payment due October 1st 2003; 4th Payment due November 1st 2003

DETERMINE YOUR TOTAL PAYMENT PLAN AMOUNT

1. **Total Tuition and Fees from registration form excluding TMS enrollment fee.** $ _____
2. Divide by # of payments /____4____
3. Monthly payment amount = $ _____/mo.
4. Payment Amount Now Due. If registration is sent to the University of Dallas:
   Before Sept 1st = amount on Line 3
   Or
   After September 1st = 2x amount on Line 3 + $_____
5. Enrollment Fee + $ __35.00___
6. **Total Amount Now Due** = $ _____

OR

FLEXPAY PLAN OPTION – Requires School Administrator Approval. Enrollment form MUST be mailed to the University of Dallas if choosing this option.

1. **Total Tuition and Fees from registration form excluding TMS enrollment fee.** $ _____
2. ¼ of Tuition due with Registration /____4____
3. Payment Amount Now Due $ _____
4. Enrollment Fee + $ __35.00___
5. **Total Amount Now Due (add Lines 3 and 4)** = $ _____
6. Remaining Balance of Payment Plan Due November 1st. $ _____

I have reviewed and approved the above plan. The Bill Payer Indicated is obligated to pay the Total Payment Plan Amount through TMS in accordance with the indicated payment schedule:

_____ / ____ / ____
Administrator's Signature ONLY Date

The payer / student must sign to the right.

If paying with a credit card, complete the Credit Card Authorization section to the right.

I understand that payments are due to Tuition Management Systems on the dates indicated:

_____/____/_____
Payer/Student Signature Date

The Payment Due may be paid by check, money order, or credit card. Please make check or money order payable to:
Tuition Management Systems

Note: If payment is not received by the due date, a late fee will apply.

I - Code

CREDIT CARD AUTHORIZATION:

For enrollment Fee and Payments Now Due, we accept:
VISA MasterCard Discover
AMERICAN EXPRESS IS NOT ACCEPTED

(Total Amount now due) $_____

Card Num.
Expiration Date ____ / _____

_____
Cardholder's Signature

Credit Card Payments: If you wish to have the remaining scheduled payments billed to the credit card listed above, please check this box.
Note: $35 is a one-time charge made with 1st payment.

WHITE COPY – TUITION MANAGEMENT SYSTEMS **YELLOW COPY – SCHOOL** **PINK COPY - STUDENT**