

**LAKE REGION STATE COLLEGE at the GRAND FORKS AIR FORCE BASE**  
**MONTHLY PAYMENT PLAN *and/or* DEFERMENT REQUEST**  
**for FALL SEMESTER 2009 TERM I TUITION and FEES**

The following contract serves two purposes. First, this contract allows for payment of your account balance at LRSC in two (2) monthly installments. Second, if anticipated financial aid is expected to cover 100% of your account balance, this contract serves as a request for payment deferment. If you have an approved third party governmental entity authorization on file in the Administrative Services Office providing for 100% payment of your account balance, you will not be required to complete this contract (e.g. - TA recipients). This contract cannot be used if any unpaid prior account balance exists. Please note the **Payment Plan is subject to a \$25.00 fee.**

After you have enrolled in classes, charges will be posted to your account. Please complete the following items and mail the contract and the \$25.00 payment **by August 24, 2009** to:

Administrative Services Office  
 Lake Region State College  
 1801 College Dr N  
 Devils Lake ND 58301-1598

For assistance please call the LRSC Administrative Services Office in Devils Lake (701-662-1504 or toll-free 800-443-1313 extension 504).

1) Account Balance (Tuition and Fees for Session I) \$ \_\_\_\_\_

This amount can be found via the LRSC website (www.lrsc.nodak.edu) by using the following navigation:

www.lrsc.edu> Campus Connection>Student Center>Finances>Account Inquiry >Charges Due

2) Financial Aid Anticipated through LRSC minus \_\_\_\_\_

(Grants, waivers, scholarships and loans only).

If no aid was requested, enter "N/A" on this line.

3) Remaining Account Balance (Enter \$0 if less than \$0) = \_\_\_\_\_

If \$0, skip to item #6 and submit the form. The contract will serve as a Deferment and no fee will be charged.

4) Monthly Payment Amount (Item #3 divided by two) = \_\_\_\_\_

**Note:** First monthly payment is due on or before **September 4, 2009.**

Last monthly payment is due on or before **October 4, 2009.**

**Note:** The Monthly Payment must be recalculated if additions or deletions are posted to your account after you have submitted this form.

5) Payment Plan Enrollment Fee (Must be remitted with this form) \$ 25.00

6) I will adjust my remaining payments if changes in anticipated Financial Aid and other Account Balance changes (usually caused by class drops or adds) occur. I understand that a \$10.00 late charge will be assessed and a Transcript Hold placed on my account if my payment is late. I also understand that an additional \$50.00 late fee may be assessed if my payment plan becomes delinquent.

**STUDENT NAME and ADDRESS INFORMATION:**

STUDENT ID # \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
 STUDENT SIGNATURE

7) LRSC Administrative Services Office use only:  
 Approved by \_\_\_\_\_ (initial here).

(updated 7/22/09)