

**LAKE REGION STATE COLLEGE  
PAYMENT PLAN *and/or* DEFERMENT REQUEST  
for Fall 2018 TUITION and FEES**

The following contract serves two purposes. First, this contract allows for payment of your account balance at LRSC in four (4) 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 Affairs Office providing for 100% of your account balance, you will not be required to complete this contract. Please note that you will receive an account statement monthly showing the total amount of your balance. This contract cannot be used if any prior unpaid account balance exists. If you have questions please contact us at 701-662-1567 or 701-662-1504.

Please complete contract and mail with your first payment by **September 5, 2018** to:

Lake Region State College  
ATTN: Administrative Affairs Office  
1801 College Drive N  
Devils Lake, ND 58301

- 1a) Account Balance \_\_\_\_\_
- 1b) Estimated Bookstore Charges + \_\_\_\_\_
- 1c) Total \_\_\_\_\_ = \_\_\_\_\_
- 2) Financial Aid Anticipated \_\_\_\_\_ **minus** \_\_\_\_\_  
 (Grants, waivers, scholarships and loans only.)  
*Signature of Director of Financial Aid verifying amount of Financial Aid listed.*  
*(If "0", no signature needed)* \_\_\_\_\_
- 3) Remaining Account Balance (Negative number indicates excess Fin. Aid) \_\_\_\_\_ = \_\_\_\_\_  
 If \$0 or less, skip to Line 8.
- 4) Monthly Payment Amount (Line 3 divided by four) \_\_\_\_\_ = \_\_\_\_\_
- 5) Payment Plan Enrollment Fee \_\_\_\_\_ **plus** 25.00
- 6) Payment Due by September 5, 2018 (Line 4 plus Line 5) \_\_\_\_\_ = \_\_\_\_\_
- 7) Remaining payments (amount listed in Item #4) are due by the following dates:  
 October 5, 2018 (Amount due is 1/3 of your remaining account balance)  
 November 5, 2018 (Amount due is 1/3 of your remaining account balance)  
 December 5, 2018 (Amount due is your remaining account balance)

**Note:** I will adjust my remaining payments for changes in Financial Aid and/or other Account Balance changes. (see Step 7 of the Instructions). I understand that a Transcript Hold will be placed on my account if I am late on my payments. My contract may be terminated for late payments and cause the entire amount to be due.

**8) STUDENT NAME and ADDRESS INFORMATION:**

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

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

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

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

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

**This payment plan is only for this current semester. Future Semesters need a separate payment plan agreement.**