

PAYMENT FORM – Enrollment Closes on January 7, 2019

PARENT/GUARDIAN

Full Name: _____
(please print)

STUDENT

Full Name: _____
(please print)

Enrollment Costs:

\$ 50.00	Registration Fee (non-refundable)
<u>\$125.00</u>	Tuition
\$175.00	TOTAL COST

Please select a payment below. Check or Money Order should be made payable to: **UMass Lowell**

\$50 Registration Fee \$125 Tuition \$175 Full Payment Other: \$ _____

Check Amount: \$ _____ Check #: _____

Credit Card Type: _____ MC _____ Visa

Credit Card Number# _____ Expiration Date: _____

Card Holder's Signature: _____ 3-digit Security code _____

Please be advised that due to restrictions with vendors, refunds cannot be issued after January 30.

In order to reserve an opening for a student or be considered for a scholarship, we must receive the Registration Form, Registration Fee, and a signed Medical Form.

Office Use Only: PIF _____ Date _____

Check# _____ Amnt Rec'd _____ Date: _____

Check# _____ Amnt Rec'd _____ Date: _____

CASH: _____ Amnt Rec'd _____ Date: _____