



SAINT JOSEPH'S SEMINARY AND COLLEGE  
201 SEMINARY AVE, YONKERS, NY 10704  
914-367-8281

MASTERS DEGREE PROGRAM  
PAYMENT PLAN AGREEMENT

Term: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**The student agrees to make payments according to the payment plan schedule and understands that all tuition is due by the end of the semester in which the payment plan has been established. Should there be an outstanding balance after the semester ends, grades will not be given to the student, and transcript requests will not be honored.**

**The tuition payment will be paid in three payments. The first payment is due on or before the first day of the classes; the second payment is due at the mid-term, and the final payment will be due during the last week of the semester.**

**Payment 1 - due on or before the first week of class**

**Payment 2 - due by mid-term**

**Payment 3 - due by the last week of the semester**

**Student Verification: My signature below indicates my understanding and acceptance of the agreement printed above and the consequences of non-payment. Please print and sign this agreement, then return it to the office of the Associate Dean prior to the beginning of the semester.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

Date: \_\_\_\_\_