



Summer Standard Payment Plan Request Form

6 W X G H Q W ¶ V Q D P H _____ Email _____

Program City & Program Name _____

The charge for this deferred payment plan is \$50.00 and must be submitted along with 50% of the total program fee and this form. This plan may be used with or without the CIEE Financial Aid Deferral Plan. If you wish to combine the plans, please subtract your anticipated financial aid refund amount from your original invoice balance to calculate the base figure for your Standard P D \ P H Q W 3 O D Q \$ Q H Z E L O O L Q J V W D W H P H Q W R X W O L Q L Q J W K H U H Y L V H C CIEE account within 7 ±10 business days of receipt of the completed Standard Payment Plan request.

Payment Schedule

Base Figure: \$

Payment Contact (Required)

Person in the US who we can contact in the case of billing issues while you are abroad.

(PLEASE PRINT):

_____ Contact Name

_____ Relationship to student

_____ & R Q W D F W ¶ V) X O O 0 D L O L Q J \$ G G U H V V

_____ & R Q W D F W ¶ V (P (R E Q U I R E D) G U H V V

_____ & R Q W D F W ¶ V ' D \ W (R E Q U I R E D) H S K R Q H