

INACTIVE STUDENT PAYMENT PLAN INFORMATION

All former students, not currently at a collection agency, are eligible for this plan upon request. Current students are not eligible for this payment plan.

The university offers an interest-free repayment plan for outstanding balances. There is a onetime, non-refundable enrollment fee determined by the length of your plan that is due with the application. No interest or late fees are assessed while you are actively making your plan payments. **If your plan becomes 60 days delinquent, you will be removed from the repayment plan at which point late fees will be assessed monthly and your account will again be eligible for collections.** The plan will not allow for reenrollment or release of transcript or diploma until the total account balance is paid in full. If you are mailing this form please address it to: **KSU, Attn: Cashier's and Student Accounts, 211 Anderson Hall, 919 Mid-Campus Dr. North, Manhattan, KS 66506. Payable to KSU.**

Balance	Plan Length	Plan Fee
Up to \$1499	12 months	\$50.00
\$1500-\$2999	18 months	\$65.00
\$3000-\$4999	24 months	\$75.00
\$5000-\$6999	30 months	\$100.00
\$7000+	36 months	\$110.00

You are eligible for an inactive student payment plan. The enrollment fee is due with this completed application. If we do not receive your completed application within 30 days, your account may be referred to an outside agency.

PAYMENT PLAN APPLICATION

Applicant Name (Last, First, MI) _____

Student ID Number (WID or SS) _____

Mailing Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Email Address _____

If applicant is not student:

Student Name (Last, First, MI) _____

Notices to Applicant

1. The Cashier's Office does not make determinations about any other loan options you may have. You should check with the Financial Assistance Office if you think you may have additional aid.
2. Before signing you should carefully read all information on this form.

I certify that the information I have provided is true and correct and that I agree to the repayment plan as outlined above. I understand that my signature affirms that the amount due to Kansas State University is a valid debt and constitutes acceptance of the payment plan.

Signature of Applicant _____ Date _____

Sent: 2/18/2021