**Payment Plan Proposal**

Please complete the form and return to Student Accounts by email

[studentaccounts@samuelmerritt.edu](mailto:studentaccounts@samuelmerritt.edu)

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

**Student Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PROGRAM:**

□ ABSN □ BSN □ CM □ CRNA □ DNP

□ DPM □ DPT □ ELMCM □ ELMFNP □ FNP

□ OTD □ MPA □ SPECIAL STATUS □ RN TO BSN

1. **SCHOOL YEAR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: □ Fall □ Spring □ Summer

1. **Will you receive Financial Aid\*?** □ Yes □ No

\*Refer to the Financial Aid Portal for awarded funds, per term.

If Yes, how much is anticipated this current term\*: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Will you require SMU health insurance coverage?** □ Yes □ No

If Yes, what kind: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Based on your program/class: How many months would you like to sign up for?**

\*\*The number of months of the Payment Plan depends on the length of the semester.

**SPECIAL STATUS/BASIC SCIENCE**

□ 2 □ 3

**ABSN, CM, CRNA, DNP, DPM, DPT, ELMCM, ELMFNP, FNP, OTD, MPA, RN-BSN**

□ 2 □ 3 □4

**BSN ONLY**

□ 2 □ 3 □ 4 □ 5

1. **What day of the month would you like to set as your payment date?**

□ 1st □ 5th □ 10th □ 15th □ 20th □ 25th