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 New York, NY 10006
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 Bursar'soffice@mcny.edu



Summer _____
 Fall _____
 Spring _____

PAYMENT PLAN CONTRACT

Last Name First Name Middle ID Number

Address City State Zip

Email Home Number Cell Number

Check one: Graduate Undergraduate

I, _____, an international student at Metropolitan College of New York (MCNY), agree to make payments on the specified dates and the agreed amounts stated on the payment schedule below to the Bursar's Office of MCNY. **Should I fail to pay as agreed; the College will take the following actions:**

- **Encumber my grades and transcript**
- **Ultimately refer my account to the College attorney and/or a private agency for collection**
- **Prohibit future registrations**
- **Charge my account for all collection costs incurred**

I agree to pay Total Amount Owed (Please see attached bill) \$ _____

Payment Date	Percentage	Payment Amount	Balance
/ /	40%	\$	\$
/ /	30%	\$	\$
/ /	30%	\$	\$

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with the Bursar's Office at Metropolitan College of New York, and I will remain current with this payment plan.

Student's Signature: _____

Date: _____

Bursar's Office: _____

Date: _____

NOTE: THE FIRST PAYMENT IS DUE WHEN FORM IS COMPLETED