

## Payment Plan Change of Status Form

(Subject to Sacred Heart University approval)

Today's Date: \_\_\_\_\_

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

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

Name of Responsible Party: \_\_\_\_\_

### **Please Select Change Request:**

TERMINATE Agreement Permanently

CHANGE Plan Amount

Total Amount of new plan: \_\_\_\_\_

*\*Note: This amount will be divided equally by the number of remaining payments in the plan. Do not enter the per month amount.*

### **Please Select Reason for Change in Payment Plan:**

Overpayment

Additional Financial Aid funding

Change in Semester billing

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Please allow 5 business days to process this request*

**PLEASE FAX TO SHU STUDENT ACCOUNTS @ (203) 365-7536.**

Student/Responsible Party Signature: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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

ARAC: \_\_\_\_\_

T-NET: \_\_\_\_\_

Completed by: \_\_\_\_\_

Completed date: \_\_\_\_\_