

**LeTourneau University**  
**School of Graduate and Professional Studies**  
**Financial Policies, Procedures, and Payment Agreement for Internship**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

This form is required to be completed by all students. If you are using financial aid to assist you in payment of your tuition and fees, it will be used to cover charges first. If for any reason your financial aid does not come through, you will be subject to the terms stated on this form.

Students who are in Internship will automatically be set up on a Cash 3-Month Payment Plan unless the student pays for the total cost of tuition in full at the time of registration. The total cost of Internship will be broken into 3 installment payments and will follow an invoicing schedule of the current billing semester as follows:

FALL SEMESTER

1<sup>st</sup> payment due October 10<sup>th</sup>  
2<sup>nd</sup> payment due November 10<sup>th</sup>  
3<sup>rd</sup> payment due December 10<sup>th</sup>

SPRING SEMESTER

1<sup>st</sup> payment due February 10<sup>th</sup>  
2<sup>nd</sup> payment due March 10<sup>th</sup>  
3<sup>rd</sup> payment due April 10<sup>th</sup>

Internship tuition rate is subject to an annual increment beginning in the Fall semester.

I further understand that:

- Delinquency occurs when the student fails to meet a scheduled payment. At that time the entire unpaid indebtedness including late fee(s) of \$25.00 may, at the option of the University, become immediately due and payable.
- No student with an account balance due the University is eligible to receive transcripts, certificates, diplomas, or enroll for the next class until the balance has been paid in full. Transcripts will be held for 30 days following final payment unless payment is made with cash, cashier's check, money order, or credit card.
- **If the student is unable to make a payment when due, then the student understands that he/she must notify the LeTourneau University Student Accounts Office immediately.**
- Please refer to the PACT registration financial policies, procedures, and payment agreement for additional information.

I hereby acknowledge receipt of an exact copy of this agreement and hereby affirm that the terms and conditions stated herein are agreed to.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please make a copy of this authorization for your files and fax original to:**

**FAX: Tobi Murley**  
**(903) 233-4101**