

# WAYLAND BAPTIST UNIVERSITY

Plainview Campus

## CREDIT AGREEMENT

I have read, understand, and agree that this is a legally binding instrument with all conditions herein. I am fully responsible for payment of all costs incurred by enrolling.

I will submit official WBU forms to WBU to DROP, ADD, or CHANGE a class. I understand and agree that the amount of refund due my account will be based upon the date I submit the official forms. Refunds of tuition will be given in agreement with the refund policy outlined in the Academic Catalog. The refund schedule is as follows:

- |   |   |
|---|---|
| ➤ 100% of tuition previously charged to the student account for a course        | Prior to class start                      |
| ➤ 75% of tuition previously charged to the student account for a course         | 1-7 days after first class meeting        |
| ➤ 25% of tuition previously charged to the student account for a course         | 8-14 days after first class meeting       |
| ➤ 10% of tuition previously charged to the student account for a course         | 15-31 days after first class meeting      |
| ➤ 5% of tuition previously charged to the student account for a course          | 32-47 days after first class meeting      |
| ➤ 0% of tuition previously charged to the student account for a course          | 48 days or more after first class meeting |
| ➤ A \$10 administrative fee will be charged for processing each course dropped. |   |

I understand and agree that my account must be paid in full in order to re-enroll for future terms, receive transcripts, and/or graduate. If I default on any portion of my financial obligation to Wayland Baptist University, I understand I will be responsible for additional costs such as, but not limited to, collection costs which may be based on a percentage at a maximum of 50% of the debt, late fees and/or attorney fees.

### STUDENT INFORMATION Date: \_\_\_\_\_

How would you like to be contacted? (circle one)

Phone      Text      Email

\_\_\_\_\_  
Student PRINTED Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Phone Number/Cell Phone Number

\_\_\_\_\_  
Student Preferred email

\_\_\_\_\_  
Current Address

### PROMISSORY NOTE – (WBU Staff)

Complete this section only if student on a 3-payment plan. A \$50 payment plan fee will apply

I have requested, have been approved, and agree to pay tuition costs on an installment plan, paying a minimum of 1/3 of said costs at the time of registration, and the second and final installments in the amounts and on the dates listed below.

Term: \_\_\_\_\_ Year: \_\_\_\_\_

TOTAL Tuition Costs  
Or balance after Fin. Aid      \$ \_\_\_\_\_

First 1/3 installment      Due Date      \$ \_\_\_\_\_  
Due: On or before 1<sup>st</sup> day of class      \_\_\_\_\_

Second 1/3 installment      Due Date      \$ \_\_\_\_\_  
Due: 30 days from 1<sup>st</sup> day of class      \_\_\_\_\_

Final 1/3 installment      Due Date      \$ \_\_\_\_\_  
Due: 60 days from 1<sup>st</sup> day of class      \_\_\_\_\_

**I understand that a \$50 payment plan fee applies, and failure to make payments as scheduled above will result in an additional non-refundable fee of \$50 for each late payment.**

\_\_\_\_\_  
Student SIGNATURE

WBU Official: \_\_\_\_\_  
Date

### REFERENCE INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number/Cell

**Student Signature**

**Date**