

BENNINGTON COLLEGE

FOUR-PAYMENT PLAN FALL INSTALLMENT AGREEMENT

STUDENT NAME

\$ _____
TOTAL AMOUNT OF CONTRACT

I promise to pay Bennington College the above sum in four equal monthly installments of \$_____. **The first installment is due July 1**, and subsequent payments will be made on the 1st of each succeeding month, August to October inclusive, until all such payments have been made.

I understand that if any portion of the installment due or unpaid balance is received after due date, I will be assessed a late payment penalty equal to 2% of the amount not paid as of the due date. I further understand that my obligation to pay the fees for the Fall term is unconditional and in case of withdrawal or dismissal from the College of the above student, my fees will be adjusted only in accordance with the Refund Policy as applicable. I also understand that there will be no adjustment or refunds in the case of withdrawals made after 20 calendar days into the term.

This Agreement supplements the Financial Responsibility Agreement, the terms of which also apply.

DATE

SIGNATURE

PRINT NAME

RELATIONSHIP TO STUDENT

DAYTIME TELEPHONE

*****IMPORTANT*****

**PLEASE RETURN THIS FORM TO THE BUSINESS OFFICE.
NO ENROLLMENTS IN THIS PLAN WILL BE ACCEPTED AFTER JULY 1.**

**NO STUDENT WILL BE ALLOWED TO RESIDE ON CAMPUS, REGISTER FOR OR ATTEND
CLASSES UNTIL ALL PAYMENTS DUE AT THAT TIME ARE PAID IN FULL.**

Email to: mrollins@bennington.edu
Phone: 802-440-4353
Fax to: 802-440-4350

Mail to: Bennington College Business Office
One College Drive
Bennington, VT 05201