

Ashland Theological Seminary

A GRADUATE DIVISION OF ASHLAND UNIVERSITY

Date _____

Office of the Registrar/Student Accounts

STATEMENT OF FINANCIAL OBLIGATION

SSN or Student #: _____

Daytime phone number _____

I, _____, intend to pay for _____ term tuition/fees by the following:
(please print legibly)

_____ Payment in ***FULL*** enclosed or mark the following - ***Due PRIOR to first class***

_____ Credit Card - Visa MasterCard Discover Card American Express

All credit/debit card transactions for anything on your student account will be assessed a non-refundable service charge of 2.7% of the transaction amount with a minimum \$3.95 charge.

Card No. _____ Exp. Date _____

Amount \$ _____

3-digit Security Code _____
(on back of card)

Signature

Daytime Phone Number

_____ Payment will be or has been made online through WebAdvisor (date _____)

If funds are coming from another source, **PROOF MUST BE PROVIDED** - such as a voucher, payment plan certificate or account number, or letter of intent to pay from employer/church.

_____ ***Payment Plan*** - administered by Tuition Management Systems. Call 1-800-356-8329 to enroll over the phone or online at www.afford.com/ashland. Once enrolled in the payment plan, **PAYMENTS** must be made **directly** to TMS - **DO NOT SEND PAYMENTS TO THE SEMINARY.**
(Send registration certificate from TMS to the seminary for verification.) ***Please be sure that you are signed up for the appropriate plan - either the quarter only plan or yearly plan. You cannot put a quarter's tuition on the yearly plan.***

_____ ***Student Loan***: (must be applied for and/or promissory note signed - student is responsible for following up with the AU Financial Aid Office)

Expected Date of Disbursement _____

_____ ***VA Benefit Plan*** - please contact Lori Lower in order to have enrollment certification completed

_____ ***Employer Assistance Plan*** (please provide voucher, authorization or letter)

Employer pays: _____ at beginning of course
 _____ upon completion of course
 _____ reimburses if student pays

_____ ***Church or Denominational Funding***

_____ ***Other*** (Please describe)

SIGNATURE: _____

Suggestion: Make copy for your own records before submitting to the Seminary.