

# 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** - CashNet Payment Plan Enrollment - Using WebAdvisor: View Statement-Make a Payment. Installment Payment Plan, select Enroll in the Fall 2018 ATS Installment plan. There is a \$35.00 fee/semester. No charge to pay with a check; Credit/Debit Card fee = 2.75% of the total transaction.

\_\_\_\_\_ **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 Laura Bedocs 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.

910 Center Street \* Ashland, Ohio 44805  
email: ATS-Registrar@ashland.edu

419-289-5907 \* Fax 419-289-5650  
<http://www.seminary.ashland.edu>