

CALIFORNIA STATE UNIVERSITY, LONG BEACH
COLLEGE OF PROFESSIONAL AND CONTINUING EDUCATION
6300 State University Drive, Suite 104 (Foundation Building), Long Beach, CA 90815
Email: cpce-paymentplans@csulb.edu

Course Fee Installment Plan
Open University

Student Information *(for student to complete)*

Full Name

Campus ID#

Phone Number

Payment Plan Terms *(for student to complete and initial next to each of the terms after reading)*

*Payment dates are **FINAL** and cannot be extended.*

_____ I understand and agree to all of the following terms for the current semester.
Initial

_____ Once my plan is set up, changes to my academic load or subsequent fee increase may affect the amount of my payments. For
Initial up-to-date information on payment amounts and due dates, please refer to your account at <http://My.CSULB.deu>. From the main, menu go to Finances and Aid, then click on Total Due Charges.

_____ I understand that if I change my class load, the resulting amounts may not necessarily be evenly distributed in my
Initial installment plan, but I agree to pay the resulting amounts by the indicated date on my account at <http://my.csulb.edu>.

_____ Delinquent Payment Penalties: If any installment payment is not received by the payment due date, all services, including
Initial but not limited to registration, provision of grades, and transcripts, will be held. Additionally, classes may be subject to cancellation. If any payment is not received by the due date, I **agree to pay \$10 missed deadline fee per occurrence and my payment will be counted as delinquent.** I authorize CSULB to pursue collection activities to collect any past due amounts, including referral of my account to a collection agency and to a credit bureau organization, and to the release of information concerning the past due amount when necessary to collect the delinquent balance. I agree to pay reasonable collection costs including court costs and attorneys' fees. If your balance becomes delinquent, you may be placed with an outside collection agency and be responsible for any additional fees. **As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations of this contract.**

_____ **Refund Policy:** If I drop my classes, I will receive a refund of applicable fees in accordance with the Open U Refund policy
Initial deadlines. For more information, go to www.cpace.csulb.edu/open-university

THE \$33 INSTALLMENT PAYMENT PLAN PROCESSING FEE IS NON-REFUNDABLE.

I agree to the terms and process outlined in this payment plan.

Student Signature

Date

CPaCE Approval

Date (contract is not valid without
authorized CPaCE signature)