



Office of Student Services
 Boston College Payment Plan (BCPP) Enrollment Form
 Graduate and WCAS Students

I would like to participate in the BCPP and have enclosed the required down payment due for this semester.

Name: _____

Address: _____

Eagle Number: _____

E-mail Address: _____

Daytime Phone Number: _____

I do do not need the Boston College Medical Insurance. If you need medical coverage, please contact the Graduate Payment Plan (gpp.bc.edu). Select the "My Services" option from the main menu and then "Medical Insurance" under "Account and Personal Info." To provide proof of comparable coverage, you will need to have information about your current health insurance plan readily available. If you do not have a current health insurance plan, you may be required to purchase a plan through BCBS.

Amount due for the current semester: \$ _____

Less payment due now: \$ _____

(Minimum 25% of balance due)
 (50% minimum if after the drop/add period)

No applications for this program will be accepted if the required down payment is not included.

Remaining balance: \$ _____

I understand that I am responsible for paying the remaining balance listed above plus a 3% participation fee in three installments. A schedule of payments will be mailed to the address given upon receipt of this form and the down payment. If I default on this payment plan, I will not be able to participate in the following:

- Future registrations, if prior balance remains unpaid
- Future participation in this payment plan.

Signature: _____

Date: _____

Send completed application to:
 Boston College Credit Office
 Lyons Hall 103,
 Chestnut Hill, MA 02467