



## SCHEDULE CHANGE REQUEST WITH BALANCE OWED

Name: \_\_\_\_\_ SID#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

I am requesting to drop my class/classes after the 100% refund period. I understand that I will still have a balance to pay after my class/classes are dropped. This balance must be paid in full before I will be allowed to register for future Quarters. I also understand that I will not be allowed to use the services at Pierce College such as obtain a transcript (official or non-official, use the Library and the HEC facility. Payment plans are available through Cashiering.

Today's Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Quarter: \_\_\_\_\_ Due Date: \_\_\_\_\_

By signing and initialing this contract, I understand that:

1. \_\_\_\_\_ I am responsible for paying the amount above. Pierce College agrees not to refer this debt to an outside collection agency as long as I make my payment arrangements or pay the debt in full by the agreed due date.
2. \_\_\_\_\_ By dropping or withdrawing from my class/classes I understand that there is a possibility that I will be required to pay some/all my financial aid back to the school.
2. \_\_\_\_\_ Failure to make payment as agreed or not fulfilling my payment arrangement may result in my account being referred to an outside collection agency and I will be responsible for all costs including collection cost 25% to 35%, 12% interest and reasonable legal fees per Washington State Law. (All collection cost are added on top of your outstanding tuition balance.)
3. \_\_\_\_\_ It is my responsibility to maintain the accuracy of my records (change of address may be made in person at the Registration Office or on-line at [www.pierce.ctc.edu/SOS](http://www.pierce.ctc.edu/SOS)).
4. \_\_\_\_\_ I authorize Pierce College and their respective agents and contractors to contact me regarding my tuition, fees, fines, and financial aid at the current or any future numbers that I provide for my cellular phone or other wireless devices using automated dialing equipment or artificial or pre-recorded voice or text message.
5. \_\_\_\_\_ There will be a hold placed on my account until the outstanding balance is paid in full.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Instructions:

staff initials \_\_\_\_\_

- |  |                                |
|--|--------------------------------|
| 1. Make a payment at Cashier's Office by cash, check, money order, VISA, or MasterCard |                                |
| 2. Mail payment to: <b>Pierce College FS/JBLM</b>                                      | <b>Pierce College Puyallup</b> |
| Attn: Cashier  | Attn: Cashier                  |
| 9401 Farwest Drive S W   | 1601 39 <sup>th</sup> Ave S E  |
| Lakewood, WA 98498   | Puyallup, WA 98374             |
| Phone: (253) 964-6700  | Phone: (253) 840-8405          |
| FAX: (253) 964-6282  | FAX: (253) 864-3215            |

**Pay online by using our ePayment [www.pierce.ctc.edu/dist/tuition](http://www.pierce.ctc.edu/dist/tuition)**

**Cashier (White Copy) Student Copy (Yellow Copy) Registration (Pink copy)**