

# Enrollment Form



## STUDENT INFORMATION *(Please Print)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Penn ID

\_\_\_\_\_  
Expected Date of Graduation

## PERSON RESPONSIBLE FOR MAKING THE MONTHLY BUDGET PLAN PAYMENTS

\_\_\_\_\_  
Person responsible for making the Monthly Budget Plan payments

\_\_\_\_\_  
Mailing address (include street, apt. # if applicable)

\_\_\_\_\_  
Address (include City, State, Zip Code and Country if applicable)

\_\_\_\_\_  
Daytime Telephone #

\_\_\_\_\_  
E-Mail Address

By signing below, I agree to use the University of Pennsylvania Penn Monthly Budget Plan under the terms and conditions of the plan for this academic year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Academic Year Budget Amount  
*(From 3C on Worksheet)*

\$ \_\_\_\_\_

Divide by 10 Months

÷ **10** \_\_\_\_\_

Monthly Payment:  
*(Should Equal Worksheet: Item 4)*

\$ \_\_\_\_\_

## TO ENROLL WITH THIS FORM

Mail this enrollment form and any required payments set forth in the Payment and Fee Schedule on page 3. Payment is not required if you are enrolling in the Automated Direct Payment option.

Enrollment fee

\$ **75.00** \_\_\_\_\_

Late enrollment fee  
*(\$50 after June 30)*

+ \$ \_\_\_\_\_

Monthly payment(s)  
*(see Payment and Fee Schedule)*

+ \$ \_\_\_\_\_

Total amount enclosed

= \$ \_\_\_\_\_

## MAIL YOUR CHECK AND THIS FORM TO:

University of Pennsylvania, Penn Monthly Budget Plan  
221 Franklin Building, 3451 Walnut Street  
Philadelphia, PA 19104-6270

*Make check payable to The Trustees of the University of Pennsylvania*