

PAYMENT VALIDATION FORM FALL 2023

Academic Year 2023/2024



Saint Martin's
UNIVERSITY

DIRECTIONS—Each semester students are required to confirm their method of payment for the tuition, fees, and (if applicable) on campus housing expenses. Please complete the form below and return it to SFS no later than the Monday prior to the first week of classes. Failure to submit the validation form on time may result in a hold on your student account or late fee.

Return this form

By mail to:

Student Financial Services
Saint Martin's University
5000 Abbey Way SE Lacey,
WA 98503

Phone: (360) 688-2180

Accounts@stmartin.edu

PART A. Student information

Name (last, first, middle initial)

Student ID#

Phone (include area code)

Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)

PART B. Confirm Payment Arrangements for the Fall 2023 Semester

___ **Financial Aid** - I have sufficient financial aid funds to cover the semester costs and have a credit or zero balance due.
(This information will be verified prior to releasing your account hold).

___ **Payment Plan** - I have enrolled in the Nelnet monthly payment plan and have begun making payments at this time. (This information will be verified for accuracy with Nelnet).

___ **Tuition Assistance** - I am receiving tuition assistance funds that fully cover my tuition/fee charges. (Documentation must be already received with the SFS Office)

___ **Private Loan** - I have been approved for a private loan that will cover the balance due on my account. (Documentation must be already received with the SFS Office).

___ **Other** (e.g. outside scholarship) - _____
(Please include type of funding and amount on the line above and enclose documentation with form).

If **NONE** of the options above apply to you, please indicate your method of payment below:

___ **Payment Enclosed** - I have enclosed (check or money order) of \$ _____ to cover my outstanding balance.

___ **I have paid the balance due of:** \$ _____ on my Self Service Account online on (date) _____.

___ **Cancelled Enrollment** - My plans have changed and I will NOT be attending SMU this semester.

Student signature

Date

Internal Use Only - Date Received: