



Saint James School of Medicine

PAYMENT PLAN ALTERATION REQUEST FORM

Anguilla Campus: Albert Lake Drive, The Quarter, A-1 2640, Anguilla • Phone: 773-765-4697 • Fax: 264-497-5125
Bonaire Campus: Plaza Juliana 4, Kralendijk, Bonaire, Netherlands Antilles • Phone: 599-717-2150 • Fax: 599-717-2151
St. Vincent Campus: Cane Hall, Saint Vincent and the Grenadines
Finance Department: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
 Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: www.sjsm.org • Email: paymentplan@mail.sjsm.org

INSTRUCTIONS

SJSM must receive this completed form and the student must receive a confirmation email, with the alteration request approved, from SJSM before any alterations to a payment plan will be made.

- SJSM reserves the right to deny any payment plan alteration requests.
- Failure to submit the form at least two full business days prior to the original payment in question may result in the request being automatically rejected.
- SJSM may reject requests from students who alter multiple payments on the same payment plan contract.
- In the event a request is rejected and the student cancels the payment/s rejected for alteration, the student will be subject to all applicable late penalties and blocked from attending coursework.
- Refunds will not be given for rejected requests if the payment is processed. This includes bank fees or penalties the student may incur for declined payments.
- Each request approved, will result in a \$25.00 (USD) payment plan rescheduling fee.

SEND COMPLETED FORM TO: **Via Fax:** (847) 298 2539 • **Via Email:** paymentplan@mail.sjsm.org
Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

TO BE FILLED OUT BY STUDENT

*****ALL FIELDS ARE REQUIRED TO BE FILLED OUT OR WILL NOT BE PROCESSED*****

Full Name _____ Student ID# _____

Email address _____

Original Payment Date ___/___/___ Requested Payment Date ___/___/___

Original Amount \$ _____ Requested Amount \$ _____

Reason for alteration to payment plan
