REMITTANCE FORM

Norwich University Undergraduate Students
(Required for financial clearance at the beginning of each semester.)

If remitting less than the total due on your student bill, **you must complete and return** this form. Also, if you are waiving the student health insurance see instructions in section two below. Return to Office of the Bursar, 158 Harmon Drive, Northfield VT 05663. **To avoid a $50.00 processing fee,** the form must be postmarked no later then the payment due date.

_____ _____ __ _____
Student Last Name First M.I. Norwich ID # (Axxxxxxxx)

1. TOTAL DUE from student bill $ _____

2. Health insurance waiver – ALL STUDENTS MUST HAVE INSURANCE. **Until the Online Waiver Form is submitted and processed, students will remain enrolled in the student insurance plan and the cost of the plan will remain on their student account. Visit www.gallagherkoster.com for insurance information and to do the online waiver.**

If you are waiving the insurance, subtract fee (_____)

3. Financial aid or other semester credits not on the bill:
Loans:
Federal Perkins Loan: _____ (_____)
Federal Loans: Stafford**:** _____ **Unsub:**_____ **(_____)**
Federal Parent Plus Loan: _____ (_____)
Alternative Loan: _____ (_____)
Grants or Scholarships:
Federal Supplemental Education Grant _____ Pell: _____ (_____)
State Grants: _____ (_____)
Other(s): _____ (_____)

4. ECSI Installment Payment Plan:
(Deduct ½ of your contract amount with ECSI) _____ (_____)
Starting month (check one) June__ July__August__

5. AMOUNT ENCLOSED or paid online with NUpay $ _____
_____ Check here if you have paid on line.
To avoid a $50 late fee, payment must be postmarked by the due date. You may pay online with NUpay or mail a check payable to Norwich University. Checks must be in US currency.

_____ _____ _____
Prepared by: Name Daytime phone E-mail