



Office of Student Services
Boston College Payment Plan (BCPP) Enrollment Form
Graduate and Woods College Students

I would like to participate in the BCPP and have made the required down payment due for this semester.

Student Name: _____

Name (requested by, if different from student): _____

Address: _____

Eagle Number: _____

E-mail Address: _____

Daytime Phone Number: _____

I do do not need the Boston College Medical Insurance. **If you do not need the medical insurance, you must waive it in the Agora Portal (www.bc.edu/myservices).** Select the “My Services” option from the main menu and then “Medical Insurance” under “Account and Personal Info.” To provide proof of comparable coverage, you will need to have information about your current health insurance plan readily available. **If you do not complete a waiver, you will automatically be enrolled in and charged for BC’s insurance plan.**

Amount due for the current semester: \$ _____

Less payment due now: \$ _____

(Minimum 25% of balance due)
 (50% minimum if after the drop/add period)

No applications for this program will be accepted if the required down payment is not included.

Remaining balance: \$ _____

I understand that I am responsible for paying the remaining balance listed above plus a 3% participation fee in three installments. The fee is 3% of the deferred balance after the down payment. A schedule of payments will be emailed to the email address given upon receipt of this form and the down payment. If I default on this payment plan, I will not be able to participate in the following:

- Future registrations, if prior balance remains unpaid
- Future participation in this payment plan.

Signature: _____ Date: _____

Email completed enrollment form to studentservices@bc.edu (preferred)
 or mail it to: Boston College Credit Office Lyons Hall 103, Chestnut Hill, MA 02467.