



**CONTINUING EDUCATION
DEPARTMENT**

PAYMENT SCHEDULE

I, _____ agree to pay the University of Houston-
 (Student's name)
 Downtown _____ the remainder of my tuition for _____
 (CE department/unit) (Fiscal Year)
 year for _____, _____, in accordance
 (Course name) (Course #)
 with the following payment schedule:

Payment Schedule

Installment	Amount	Date (DD/MM/YY)
1 st Installment	\$ _____	____/____/____
2 nd Installment	\$ _____	____/____/____
3 rd Installment	\$ _____	____/____/____

I understand that if for any reason I choose to withdraw from the program, I will still be responsible for the full payment of tuition. I also understand that if full payment of my balance of \$_____ is not received by _____, the Continuing Education Department reserves the right to place a stop on my Continuing Education records, and block my registration in any program offered by the University of Houston System.

 Student Signature Date

 Director, CE Department/Unit Date

State of Texas
 County of _____

Sworn to and subscribed before me on the _____ day of _____, _____.

 Notary Public's Signature

Seal: