

TUITION PAYMENT PLAN CANCELLATION FORM

STUDENT NAME (PRINT)

CUID #

PLEASE **CANCEL** MY TUITION PAYMENT PLAN

SIGNATURE

DATE

OFFICE USE ONLY

POSTED BY

DATE

PRINT AND MAIL FORM TO ADDRESS BELOW

**University Revenue & Receivables
Tuition Payment Plan
G-08 Sikes Hall
Box 345307
Clemson, SC 29634-5307**