

**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**

**Student Financial Services  
Tuition Payment Plan  
G-08 Sikes Hall  
Box 345307  
Clemson, SC 29634-5307**