CAL STATE LA	CAL STATE LA STATE LA STATE LOS Angeles, CA 90032 Phone (323) 343-5357 Fax (323) 343-6491				
	РАҰ	MENT CONTR	NTRACT REQUEST FORM		
(Print) Last Name	First Name		CIN #		
Mailing Address		City	State	Zip code	
Home Phone			E-mail Address		
			>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
SEMESTER/TERM	•				
C	- E-11 - N	1			
□ Summer	$\square$ Fall $\_$ $\square$ V	Vinter	□ Spring □ othe	er	
		ING THE TYP	PE OF OBLIGATION OW	ED.	
□ Financial Aid Over	payment				
$\Box$ Tuition and Fees					
□ Other:					
Total amount of Fina	ncial Obligation: \$				
Monthly payment am	ount requested: \$				
Date I can make my f					
Your plan to resolve	balance:				
	ny Financial Aid/Educa ed to the amount still o		uition and Fees refund or l	Franchise Tax	
Students Signature		Date			
		would like to pick up my contract on			
		ould like to have	my contract mailed to me.		
	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	-	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
First payment due:	Monthly j	payment amount:	\$		
Authorized Signature:	Authorized Signature: Date:				