

## **PAYMENT OPTIONS— Workforce Development Courses**

Login to your [my.ctstate.edu](https://my.ctstate.edu) account

Find “Student Accounts and Billing” card and click on “My Account” Follow Prompts

*You may also make payment(s) in person at the Naugatuck Valley Bursar’s Office: Kinney Hall 5<sup>th</sup> floor Rm. K506.*

<b>MEDICAL ADMINISTRATIVE ASSISTANT</b>											
<b>SUMMER 2024</b>											
<b>TUITION INSTALLMENT PAYMENT PLAN SCHEDULE</b>											
CRN	COURSE DATES	COURSE DETAILS	TUITION	FIRST PAYMENT	INSTALLMENT PLAN FEE	DUE AT REGISTRATION	SECOND PAYMENT DUE DATE	SECOND PAYMENT	FINAL PAYMENT DUE DATE	FINAL PAYMENT	TOTAL COST
80090	6/6/2024-10/9/2024	Waterbury	\$2,899	\$975	\$25	\$1000	6/21	\$962	7/19	\$962	\$2,924

# **MEDICAL ADMINISTRATIVE ASSISTANT**

**Tuition Installment  
Payment Plan**

**SUMMER 2024**



**750 Chase Parkway, Waterbury, C06708**

**190 Main Street, Danbury, CT 06810**

# NVCC MEDICAL ADMINISTRATIVE ASSISTANT Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in the MEDICAL ADMINISTRATIVE ASSISTANT Program. It allows students to defer the payment of tuition for a non-refundable fee of \$25. This fee, along with the first payment of the course tuition, must be paid at the time of registration. Students wishing to use the tuition installment payment plan must complete this agreement. Students failing to make timely payments will not receive course verification or the completion certificate. A late payment fee of \$15 will be charged for all payments received after the published due dates. Unpaid amounts will be referred to collection.

Note: Completion of this agreement fully obligates students to fulfill the payment agreement. A \$25 non-refundable plan fee will be charged to each student, each semester. No payment reminders will be sent to you, so please keep your "Student Copy" for reference. Please complete both sections of this agreement and bring with payment to the Cashiers Office, Kinney Hall, Room K508 upon registration. All installment payments must be made to the Cashiers Office.

STUDENT ID: @

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email: \_\_\_\_\_

Payments: Upon Registration	\$ 1,000	<b>CRN: 80090</b>
Second Payment	\$962	6/21
Final Payment	\$962	7/19
Total:	\$2,924	

*\*Includes \$25 non-refundable plan fee and first payment.*

I promise to make full payment in accordance with the payment dates and amounts shown on the chart on the back page. I understand that if I fail to meet the full payment of this note on or before the date indicated, I may be withdrawn from the College but continue to be responsible for the entire amount. I will not receive a certificate for the course. I will be assessed \$15 for each payment received late, after the dates indicated. I will be denied course verification and completion certificate. Additionally, should I default on this note, I acknowledge the right of the college to forward the note to a collection agency. I understand that failure to meet the payment schedule will make me ineligible for future payment plans. I acknowledge that I have received the Student's Copy as my official copy of this agreement and have accepted its terms.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
College Official: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL ADMINISTRATIVE ASSISTANT

Tuition Installment Plan Agreement

## STUDENT COPY



Cashier's Office (203) 575-8164

Please complete this form before registering and refer to the back page for tuition installment payment plan dates.

Payments: Upon Registration	\$ 1,000	<b>CRN: 80090</b>
Second Payment	\$962	6/21
Final Payment	\$962	7/19
Total:	\$2,924	

*\*Includes \$25 non-refundable plan fee and first payment.*

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STUDENT ID : @

Student Name: \_\_\_\_\_  
(Please print)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Official: \_\_\_\_\_ Date: \_\_\_\_\_