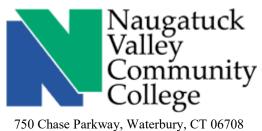
YOU MUST CALL THE BURSAR'S OFFICE AT 203-575-8164 TO MAKE FUTURE PAYMENTS OR STOP IN PERSON DURING NORMAL BUSINESS HOURS KINNEY HALL-ROOM K506

TOTAL	\$1,525	\$1,525			
FINAL PAY- MENT	\$500	\$500			
FINAL PAYMENT DUE DATE	11/9	12/8			
SECOND PAYMENT	\$500	\$500			
SECOND PAYMENT DUE DATE	10/12	11/10			
DUE AT REGIS- TRATION	\$525	\$525			
INSTALL- MENT PLAN FEE	\$25	\$25			
FIRST PAY- MENT	\$500	005\$			
TUITION	\$1,500	\$1,500			
COURSE DETAILS	Waterbury	Danbury			
COURSE DATES	9/20/22- 11/29/22	10/17/22- 12/28/22			
CRN	3481	3999			
	COURSE COURSE TUITION PAY- MENT REGIS- PAYMENT PAYMENT PAYMENT DUE DATE MENT PLAN FEE TRATION DUE DATE DUE DATE MENT	COURSE COURSE TUITION PAY- MENT REGIS- PAYMENT PLAN FEE TRATION DUE DATE PAYMENT PLAN FEE TRATION DUE DATE MENT PLAN FILSO/22- Waterbury \$1,500 \$500 \$25 \$525 \$10/12 \$500 11/9 \$500	COURSE DATES COURSE DETAILS DETAILS FIRST NETAIL PLAN FEE TRATION DUE AT PAYMENT PLAN FEE TRATION SECOND PAYMENT PLAN FEE TRATION FINAL PAYMENT PA	COURSE COURSE TUITION PAY- MENT REGIS- PAYMENT PLAN DUE DATE PAYMENT PAYMENT PLAN PLAN FEE TRATION DUE DATE PAYMENT PLAN FEE TRATION DUE DATE MENT 11/29/22 Waterbury \$1,500 \$500 \$25 \$525 \$10/12 \$500 \$11/9 \$500 \$12/28/22 Danbury \$1,500 \$500 \$25 \$525 \$11/10 \$500 \$12/8 \$500	COURSE COURSE TUITION PAY- MENT REGIS- PAYMENT PAY- MENT PLAN FEE TRATION DUE DATE MENT PAY- MENT PAY- MENT PLAN FEE TRATION DUE DATE MENT PAY- MENT PA

Nurse Aide Certification CNA COURSE

Tuition Installment Payment Plan

Fall 2022



190 Main Street, Danbury, CT 06810

NVCC Nurse Aide Certification (CNA) Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in the CNA 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, clinical evaluation, the CNA Certificate and may be restricted from eligibility for state competency testing. 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

, ladi C55					
Phone (home)			(cell)		
Email:					
	Upon Registration: Second Payment: Final Payment:	\$525* \$500 \$500	# 3481 10/12 11/9	# 3999 11/10 12/8	
	Total:	\$1,525	11/9	12/8	
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shown on to this note continue to course. I will be de should I de to a collect make me ir		page. I und e indicated ne entire ar each payn on, clinical ecknowledge and that fai	erstand that if, I may be with nount. I will no nent received evaluation, and the right of the lure to meet the s. I acknowle	I fail to meet the ndrawn from the of receive a certificate, after the dark direferences. Addition to forward payment schedge that I have redefined to forward the college to forward the payment schedge that I have redefined the college that I h	e full paym College bu icate for th tes indicate ditionally, ward the no dule will eceived the
shown on toof this note continue to course. I will be destroyed to a collect make me ir Student's C	he chart on the back on or before the dat be responsible for th Il be assessed \$15 for nied course verification fault on this note, I action agency. I understateligible for future par	page. I und e indicated he entire ar each payn on, clinical ecknowledge and that fai yment plan y of this ag	erstand that if , I may be with nount. I will no nent received evaluation, and the right of the lure to meet the s. I acknowle greement and	I fail to meet the ndrawn from the of receive a certificate, after the dark references. Additionally the college to forwine payment schedge that I have rehave accepted its	e full paym College bu icate for th tes indicate ditionally, ward the no dule will eceived the

Nurse Aide Certification (CNA)

Tuition Installment Plan Agreement



STUDENT COPY

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

Payments: Upon Registration: \$525* #3481 #3999 Second Payment: \$500 10/12 11/10 Final Payment: \$500 11/9 12/8 Total: \$1,525

*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, clinical evaluation, and may be restricted from eligibility for state competency testing. 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 ID :	@							
Student Name: _								
		(Pl	ease	print)				
Student Signature	e:						 Date:	
College Official:							 Date:	