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 INSTALLMENT PAYMENTS ARE NOT AUTOMATICALLY PROCESSED

CENI	TRAL ST	ERILE P	ROCES	SSING T	CENTRAL STERILE PROCESSING TECHNICIAN	AN					FALL 2	2022
		TUITIO	SNI NC	TALLME	N INSTALLMENT PAYMENT PLAN SCHEDULE OF PAYMENTS	MENT PL,	AN SCF	IEDULE	OF PAY	MENTS		
CRN	CRN COURSE TUITION DATES	TUITION	1st PAY- MENT	PLAN FEE	DUE AT REGISTA RTION	2nd DUE DATE	2nd PAY- MENT	3rd DUE DATE	3rd PAY- MENT	FINAL DUE DATE	FINAL PAY- MENT	TOTAL
3474	9/26/22-	\$2,450	\$625	\$25	059\$	10/20	\$625	11/17	009\$	12/15	009\$	\$2,475

CENTRAL STERILE PROCESSING TECHNICIAN

Tuition Installment Payment Plan

FALL 2022



190 Main Street, Danbury, CT 06810

NVCC Central Sterile Processing Technician Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in the Central Sterile Processing Technician 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) Email:					(cell)		 		
Payments:	Upon 2nd Pa 3rd Pa Final I Total	ayme ayme Paym	ent ent		\$ 65 \$ 67 \$ 60 \$ 60 \$ 2,	25 00	#	# 3474 10/20 11/17 12/15	

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 I understand that if I fail to meet the full payment of this note on or before the date indicated, I may be withdrawn from the College but continue to be responsible for the entire amount.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:

Central Sterile Processing Technician 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:	\$ 650	# 3474
·	2nd Payment	\$ 625	10/20
	3rd Payment	\$600	11/17
	Final Payment:	\$ 600	12/15
	Total:	\$ 2,475	

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. This is the only copy/reminder I will receive.

STUDENT ID:							
STODENT ID .	@						
Student Name:						 	
		(Pleas	e print)			
Student Signatu	re:					Date:	
College Official:					 	Date:	

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

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