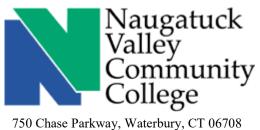
YOU MUST CALL THE BURSAR'S OFFICE AT 203-575-8164 TO MAKE FUTURE PAYMENTS OR STOP IN PERSON DURING NORMAL BUSINESS HOURS KINNEY HALL-ROOM K506 INSTALLMENT PAYMENTS ARE NOT AUTOMATICALLY PROCESSED

CENT	CENTRAL STERILE P	LE PROCESSING	SSING							SUMMER 2023	R 2023
				TUITIO	N INSTAL	LMENT P.	TUITION INSTALLMENT PAYMENT PLAN SCHEDULE	PLAN SCH	EDULE		
CRN	COURSE DATES	COURSE DETAILS	TUI- TION	FIRST PAY- MENT	IN- STALL MENT PLAN FEE	DUE AT REGIS- TRATIO N	SECOND PAY- MENT DUE DATE	SECOND PAY- MENT	FINAL PAY- MENT DUE DATE	FINAL PAY- MENT	TO- TAL COST
80019	6/1/23- 9/16/23	Waterbury	\$1,999	\$29\$	\$25	002\$	6/16	\$99\$	7/14	629	\$2,024

CENTRAL STERILE PROCESSING TECHNICIAN

Tuition Installment Payment Plan

SUMMER 2023



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 Name: ______Address: _____

Upon Registration:

2nd Payment

Phone (home) _____ (cell) _____

\$700*

\$665

CRN: 80019

6/16/23

STUDENT ID:

Payments:

	Final Payment:	\$659	7/14/23
	Total :	\$ 2,024	
*Includes \$25 r	non-refundable plan fee and	d first payment.	
shown on the coof this note on continue to be course. I will be I will be denied default on this collection agencineligible for fu Copy as my office	ake full payment in accordate hart on the back page. I under or before the date indicated responsible for the entire and assessed \$15 for each paymed course verification and conote, I acknowledge the rigory. I understand that failure the ture payment plans. I acknowledge copy of this agreement according to the control of the control o	erstand that if I f I, I may be with nount. I will not nent received lat empletion certified that of the colleg to meet the payr owledge that I I nd have accepte	fail to meet the full payment drawn from the College but receive a certificate for the ce, after the dates indicated. icate. Additionally, should I ge to forward the note to a ment schedule will make me have received the Student's dits terms.
Student Signat	ure:		Date:
College Official	ı:		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:	\$700*	CRN: 80019
	2nd Payment	\$665	6/16/23
	Final Payment:	\$659	7/14/23
	Total :	\$ 2,024	

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:	@						
Student Name:							
		(Pleas	e print)				
Student Signatur	e:				 	Date:	
College Official:						_ Date:	

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