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

MS OI	MS OFFICE SPECIALI	ALIST								SUMMER 2023	2023
			TUL	TION INST	FALLMEN	IT PAYME	ENT PLAN	FUITION INSTALLMENT PAYMENT PLAN SCHEDULE			
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
80079	6/7/23- 7/26/23	Waterbury	\$1,300	\$435	\$25	\$460	91/9	\$440	7/14	\$425	\$1,325

MS OFFICE SPECIALIST

Tuition Installment Payment Plan

SUMMER 2023



750 Chase Parkway, Waterbury, CT 06708 190 Main Street, Danbury, CT 06810

NVCC MS OFFICE SPECIALIST Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in the Microsoft Essentials 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.

\$460*

\$440

\$425

\$1,325

CRN: 80079

6/16/23

7/14/23

Date: ____

Upon Registration:

2nd Payment

Total:

Final Payment:

Payments:

College Official:

*Includes \$25 non-refundable plan fee and first payment.								
STUDENT ID: @								
Student Name:								
Address:								
Phone (home) (cell)								
Email:								
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 I understand that if I fail to meet the full payment of this note on or before the date indicated, I may be withdrawn from the College but continue to be responsible for the entire amount.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 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:								

MS OFFICE SPECIALIST

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: \$460* CRN: 80079
2nd Payment \$440 6/16/23
Final Payment: \$425 7/14/23
Total: \$1,325

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:					 	
		(Please pr	int)			
Student Signatu	re:			 	 Date:	
College Official:				 	 Date:	

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