INSTALLMENT PAYMENTS ARE NOT AUTOMATICALLY PROCESSED
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

BASIC MANUFACTURING CERTIFICATE **SPRING 2023**

TUITION INSTALLMENT PAYMENT PLAN SCHEDULE OF PAYMENTS

CRN	COURSE DATES	TUITION	FIRST PAYMENT	INSTALL-MENT PLAN FEE	DUE AT REGIS-TRATION	FINAL PAYMENT DUE DATE	FINAL PAYMENT	TOTAL COST
1701	2/7/23-3/28/23	$4,189	$2,095	$25	$2,120	3/15	$2,094	$4,214
1960	4/10/23-6/3/23	$4,189	$2,095	$25	$2,120	5/17	$2,094	$4,214

Manfacturing Basics Certificate

Tuition Installment Payment Plan

SPRING 2023

Naugatuck Valley Community College

750 Chase Parkway • Waterbury, CT 06708

NVCC Manufacturing Basics Certificate
Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in this 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 or the completion certificate and may be restricted from clinical assignment. 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: _____

Upon Registration:	$2,120*	**#1701**	**#1960**
Final Payment Due	$2, 094	3/15	5/17
Total	$4,214*		

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 I understand that if I fail to meet the full payment of this note on or before the date indicated, I may be withdrawn from the College but continue to be responsible for the entire amount.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

Manufacturing Basics Certificate

Tuition Installment Plan Agreement

STUDENT COPY

Naugatuck Valley Community College

Cashier's Office (203) 575-8164

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

Upon Registration:	$2,120*	**#1701**	**#1960**
Final Payment Due	$2, 094	3/15	5/17
Total	$4,214*		

**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, references and may be restricted from clinical assignment. 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 print)

Student Signature: _____ Date: _____

College Official: _____ Date: _____