PAYMENT OPTIONS— Workforce Development Courses

Find "Student Accounts and Billing" card and click on "My Account" Follow Prompts Login to your <u>my.ctstate.edu</u> account

You may also make payment(s) in person at the Naugatuck Valley Bursar's Office: Kinney Hall 5th floor Rm. K506.

SUMMER 2024 FINAL PAY-MENT \$659 PAYMENT DUE DATE 7/19 **FUITION INSTALLMENT PAYMENT PLAN SCHEDULE** SECOND PAYMENT \$665 SECOND PAYMENT DUE DATE 6/21 DUE AT REGIS-TRATION \$700 INSTALL-MENT PLAN FEE FIRST PAYMENT \$675 TUITION \$1,999 STERILE PROCESSING Waterbury COURSE DETAILS 06/03/2024-08/28/2024 COURSE DATES CENTRAL 80129 CRN

\$2,024

TOTAL

CENTRAL STERILE PROCESSING TECHNICIAN

Tuition Installment Payment Plan

SUMMER 2024



750 Chase Parkway, Waterbury, C06708

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: 80129

6/21

STUDENT ID:

Payments:

	Final Payment:	\$659	7/19
	Total :	\$ 2,024	
I promise to me shown on the coordinue to be course. I will be I will be denied default on this collection agent ineligible for full Copy as my office.	non-refundable plan fee and the full payment in accord that on the back page. I und to be provided that on the back page. I und to be provided to be provide	ance with the lerstand that if id, I may be with mount. I will no ment received I completion certight of the colleto meet the paranowledge that and have accep	payment dates and amounts I fail to meet the full payment thdrawn from the College but of receive a certificate for the late, after the dates indicated. Efficate. Additionally, should I lege to forward the note to a syment schedule will make me I have received the Student's ted its terms.

Central Sterile Processing Technician Tuition Installment Plan Agreement STUDENT COPY



Cashier's Office (203) 575-8164

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

Payments: Upon Registration: \$700* CRN: 80129

 2nd Payment
 \$665
 6/21

 Final Payment:
 \$659
 7/19

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 prir	nt)				
Student Signature:								Date:	_
College Official:								_ Date:	

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