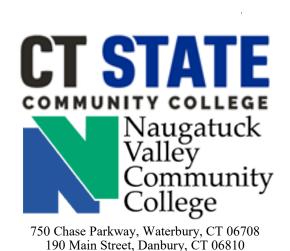
YOU MUST CALL THE BURSAR'S OFFICE AT 203-575-8164 TO MAKE FUTURE PAYMENTS OR STOP IN PERSON DURING NORMAL BUSINESS HOURS KINNEY HALL-ROOM K506 INSTALLMENT PAYMENTS ARE NOT AUTOMATICALLY PROCESSED

PHAR	PHARMACY TECHNICIAN	CIAN	-	NI NOILIIL	STALLMEN	T PAYMENT	HITION INSTALL MENT PAYMENT PLAN SCHEDLILE	H III		FALL 2023	2023
CRN	COURSE	COURSE	TUITION	FIRST PAY- MENT	INSTALL- MENT PLAN FEE	DUE AT REGIS- TRATION	DUE AT SECOND REGIS- PAYMENT TRATION DUE DATE	SECOND	FINAL PAYMENT DUE DATE	FINAL PAY- MENT	TOTAL
80541	9/12/2023-	Waterbury	\$1,999	\$675	\$25	\$700	67/6	\$665	10/27	\$659	\$2,024

PHARMACY TECHNICIAN

Tuition Installment Payment Plan

FALL 2023



NVCC Pharmacy Technician Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in the Pharmacy 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:

(cell)

STUDENT ID:

Address:

Phone (home)

	·
\$ 700* \$ 665 <u>\$ 659</u> \$ 2,024 an fee and firs	#80541 9/29 10/27 t payment.
age. I understa e indicated, I n e entire amour each payment n and referenc he college to fo ne payment sch	with the payment dates and amounts nd that if I fail to meet the full payment hay be withdrawn from the College but I. I will not receive a certificate for the received late, after the dates indicated es. Additionally, should I default on this prward the note to a collection agency, needule will make me ineligible for future e Student's Copy as my official copy or
	Date:
	Date:
r	\$ 700* \$ 665 \$ 659 \$ 2,024 an fee and first in accordance age. I understa e indicated, I n e entire amour each payment n and reference ne college to for the payment sch ve received th d its terms.

Pharmacy 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*
 #80541

 Second Payment:
 \$ 665
 9/29

 Final Payment:
 \$ 659
 10/27

 Total:
 \$ 2,024

*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, and references. 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: _										
		(Pl	ease p	rint)						
Student Signatur	e:				 		_ Da	te: _	 	
College Official:							_ Da	te: _		