## 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

PHARM	PHARMACY TECHNICIAN	JAN		TUITION IN:	STALLMEN <sup>-</sup>	r Payment	UITION INSTALLMENT PAYMENT PLAN SCHEDULE	DULE		SPRING 2024	3 2024
CRN	COURSE	COURSE	TUITION	FIRST PAY- MENT	INSTALL- MENT PLAN FEE	DUE AT REGIS- TRATION	DUE AT SECOND REGIS- PAYMENT IRATION DUE DATE	SECOND	FINAL PAYMENT DUE DATE	FINAL PAY- MENT	TOTAL
81569	2/6/2024- 5/21/2024	Waterbury	\$1,999	\$675	\$25	002\$	5/29	\$665	3/28	\$628	\$2,024

PHARI	PHARMACY TECHNICIAN	CIAN	-	NI NOITIOT	STALLMEN	T PAYMENT	FUITION INSTALLMENT PAYMENT PLAN SCHEDULE	DULE		SPRING 2024	3 2024
CRN	COURSE DATES	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
81957	2/29/2024- 6/6/2024	Waterbury	\$1,999	\$675	\$25	\$700	3/21	\$665	4/18	\$659	\$2,024

## PHARMACY TECHNICIAN

Tuition Installment Payment Plan

**SPRING 2024** 



 $750\ Chase\ Parkway,\ Waterbury,\ C06708$ 

190 Main Street, Danbury, CT 06810

## NVCC Pharmacy Technician Tuition Installment Payment Plan Agreement

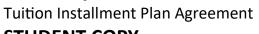
A tuition installment payment plan is available to students enrolling in the Pharmacy Technician Program. It allows students to defer the payment of tuition for a non-refundable fee of \$25. This fee, along with the first payment of the course tuition, must be paid at the time of registration. Students 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 ID: @

Phone (home) (	cell)	
Email:		
Payments: Upon Registration: \$ 700* Second Payment: \$ 665 Final Payment: \$ 659 Total: \$ 2,024	CRN: 81569 2/29/24 3/28/24	CRN: 8195' 3/21/24 4/18/24
*Includes \$25 non-refundable plan fee and j	first payment.	
I promise to make full payment in accordan shown on the chart on the back page. I under of this note on or before the date indicated, continue to be responsible for the entire amo course. I will be assessed \$15 for each payme I will be denied course verification and refere	stand that if I fail to m I may be withdrawn fount. I will not receive nt received late, after	eet the full paym from the College a certificate for the dates indicat
note, I acknowledge the right of the college to understand that failure to meet the payment paymen100 t plans. I acknowledge that I have received this agreement and have accepted its terms.	o forward the note to a schedule will make me	a collection agen e ineligible for fu
note, I acknowledge the right of the college to understand that failure to meet the payment paymen100 t plans. I acknowledge that I have received	o forward the note to a schedule will make me the Student's Copy a	a collection agend e ineligible for fut

## **Pharmacy Technician**





Cashier's Office (203) 575-8164

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: 81569 CRN: 81957 Second Payment: \$ 665 2/29/24 3/21/24 Final Payment: \$ 659 3/28/24 4/18/24

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

**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 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:				
	(Please pri	int)		
Student Signature:			Date:	
College Official:			Date:	