

Summer Payment Plan • 2009-2010

Student Name _____ **ID#** _____

SSN _____

In order to take classes, you must complete and sign:

- A Summer Payment Plan
- A Student Account Agreement and Disclosure Statement

Enter Tuition Charges (# of Semester Hours x \$350 per hour) \$ _____

- | | | |
|--------------------|--------------------|--------------------|
| • 1 Hour = \$350 | • 4 Hours = \$1400 | • 7 Hours = \$2450 |
| • 2 Hours = \$700 | • 5 Hours = \$1750 | • 8 Hours = \$2800 |
| • 3 Hours = \$1050 | • 6 Hours = \$2100 | • 9 Hours = \$3150 |

General Fee: **\$62** \$ _____

Technology Fee: **\$155** \$ _____

Other Fees (If applicable, see examples) \$ _____

- | | |
|--------------------------|--------------------|
| • Science Lab Fee = \$65 | • Nursing Lab Fees |
| • Parking Fee = \$25 | NUR 213 = \$145 |
| | NUR 417 = \$213 |

Deduct Financial Aid Award (Current Trimester only) \$ _____

Must attach copy of Award Letter.
 The student is responsible for any charges to the Financial Aid Award total which may result in an additional amount due.

Deduct Veterans Benefits (Must attach military authorization form) \$ _____

Amount Due \$ _____

Payment Agreement

I agree to pay the charges calculated above as follows: (Initial one of the following)

- _____ A) Payment in full by cash, check, or credit card at the beginning of the term.
- _____ B) Payment of 1/2 on/or before June 21, 2010 and the other half on/or before July 30, 2010.
Payment plan fee of \$20.00 will be included with the first payment.
 (Interest will be charged on the unpaid balance at the rate of 1.5% per month.)
- _____ C) Defer _____% of my tuition charges for which I will receive employer reimbursement. I will make payment of this deferred amount plus accrued interest on/or before September 3, 2010. If less than 100% of these charges are deferred, indicate one of the previous payment plan options (A or B) for the remaining balance. (Interest will be charged to the unpaid balance at the rate of 1.5% per month.) The student is responsible for the final payment.
Attach the Employer Reimbursement Verification Form (completed by your employer).
 You can not claim employer reimbursement without this form.
- _____ D) Financial Aid: **TOTAL** tuition and fees will be covered by scholarships, loans, grants, etc.

Notice: A late payment fee of \$25.00 may be assessed for any missed payments not made on schedule.

I agree that if I do not meet the terms of this payment agreement, I will be responsible for any additional expenses incurred by the College to collect the debt, including attorney and/or collection fees. I acknowledge that failure to live up to the terms of this agreement may result in any one or more of the following actions by the College.

- The student may be:
- barred from taking classes for any subsequent term
 - denied receipt of a degree or diploma
 - denied transcripts of any educational records

Signed: _____ **Date** _____