PAYMENT OPTIONS— Workforce Development Courses

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

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

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CRN	COURSE DATES	COURSE DETAILS	TUITION	FIRST	INSTALL- MENT PLAN FEE	DUE AT REGIS- TRATION	SECOND PAYMENT DUE DATE	SECOND	FINAL PAYMENT DUE DATE	FINAL	TOTAL
80128	80128 06/04/2024- 09/12/2024	Waterbury \$1,999	\$1,999	\$675	\$25	\$700	6/21	\$665	7/19	\$659	\$2,024

PHARMACY TECHNICIAN

Tuition Installment Payment Plan

SUMMER 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 nonrefundable 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:

STUDENT ID:

Phone (home)		(cell)	
Email:			
Payments:	Upon Registration: 2nd Payment	\$700* \$665	CRN: 80128
	Final Payment:	\$659	7/19
	Total:	\$ 2,024	
	non-refundable plan fee a	<i>y</i> 1 <i>y</i>	
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Pharmacy Technician

Tuition Installment Plan Agreement



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.

Upon Registration: \$700* CRN: 80128 Payments:

> 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 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:									
·		(PI	ease p	rint)					
Student Signatu	e:						_ Da	te:	
College Official:							_ Da	te: _	

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