### Nurse Aide Certification (CNA) Course

#### Tuition Installment Payment Plan

**SPRING 2019**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Dates</th>
<th>Tuition Details</th>
<th>Tuition</th>
<th>FIRST PAYMENT DUE AT REGISTRATION</th>
<th>TOTAL COST</th>
<th>SECOND PAYMENT DUE DATE</th>
<th>SECOND PAYMENT</th>
<th>FINAL PAYMENT DUE DATE</th>
<th>FINAL PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2127</td>
<td>2/4/19 - 4/12/19</td>
<td>Waterbury</td>
<td>$1,500</td>
<td>$500</td>
<td>$1,525</td>
<td>3/27</td>
<td>$500</td>
<td>4/17</td>
<td>$1,525</td>
</tr>
<tr>
<td>1633/</td>
<td>2/23-5/10</td>
<td>Danbury</td>
<td>$1,500</td>
<td>$500</td>
<td>$1,525</td>
<td>3/20</td>
<td>$500</td>
<td>4/17</td>
<td>$1,525</td>
</tr>
<tr>
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<td>4/23-7/9</td>
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<td>$500</td>
<td>$1,525</td>
<td>5/14</td>
<td>$500</td>
<td>6/14</td>
<td>$1,525</td>
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<td>2105/</td>
<td>5/20-6/28</td>
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<td>$500</td>
<td>$1,525</td>
<td>N/A</td>
<td>$775</td>
<td>6/12</td>
<td>$750</td>
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<td>$750</td>
</tr>
</tbody>
</table>

This plan will allow you to register in a timely manner while meeting your financial obligations.
A tuition installment payment plan is available to students enrolling in the CNA 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, clinical evaluation, the CNA Certificate and may be restricted from eligibility for state competency testing. 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:

Social Security Number:

Student Name: ___________________________________________________
Address: ____________________________________________________________________
Phone (home) ______________________  (cell)  ________________________
Email: ___________________________________________________________

Payments:  
Upon Registration: $ 525*   2127      1633   2105 2115 2119  
Second Payment:   $ 500      2/27       3/20      5/14 
Final Payment:       $ 500     3/27        4/17      6/18 6/12 $750
Total:                   $ 1,525

*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, clinical evaluation, and may be restricted from eligibility for state competency testing. 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.

STUDENT ID:

Student Name: @ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ 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