Short on cash at registration time?
This plan will allow you to register in a timely manner while meeting your financial obligations.

<table>
<thead>
<tr>
<th>CRN</th>
<th>COURSE DATES</th>
<th>COURSE DETAILS</th>
<th>TUITION</th>
<th>FIRST PAY-</th>
<th>INSTALLMENT PLAN FEE</th>
<th>DUE AT REGISTRATION</th>
<th>SECOND PAY-</th>
<th>THIRD PAY-</th>
<th>FINAL PAY-</th>
<th>FINAL PAY-</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1571</td>
<td>2/25/20-9/26/20</td>
<td>Waterbury</td>
<td>$2,475</td>
<td>$600</td>
<td>$25</td>
<td>$625</td>
<td>3/27</td>
<td>$625</td>
<td>5/1</td>
<td>$625</td>
<td>6/12</td>
</tr>
</tbody>
</table>

Rev.2/19/20

For students already certified as a CNA.
NVCC PCT Certificate (NO CNA)
Tuition Installment Payment Plan Agreement

A tuition installment payment plan is available to students enrolling in the Patient Care Technician (PCT) 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 and references. 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: $ 625* 1571
Second Payment: $ 625 3/27
Third Payment: $ 625 5/1
Final Payment: $ 625 6/12
Total: $ 2,500

*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 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 print)

Student Signature: __________________________________ Date: ____________

College Official: ________________________________ Date: ____________