

TUITION PAYMENT PLAN AGREEMENT FORM

Purpose of this form: Use this form if you are not able to pay your full tuition balance at the beginning of the class.

Stu	dent's Name:								
		First	Middle		Last				
	SSN:		DOB:/	/					
	Course:								
Ad	dress:	Street							
		Street		City		State	Zip		
Tel	l:	E	E-mail:						
Ter	rms and Conditi	ions							
1.	I agree to pay my tuition balance of \$997.00 in monthly payments of \$175.00 for 6 months, once I have established placement.								
2.	If I have a job during the duration of the course, I understand that I am expected to begin making payments immediately. (Payments will be an								
2	agreed amount of \$175.00/mo. based on current financial situation.)								
3. 4.	I agree that the plan can't be changed or canceled after it gets approved.								
4. 5.	I agree to pay student service fee of \$25.00 once payment plan has been approved. I agree to pay all my installments on time understanding that this means on or before the end of each month.								
5. 6.									
0. 7.									
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Lat	te Payment Poli	<u>cy</u>							
8.	Penalty and Late fee. If I fail to pay the full due amount on or before the 12 th month of my placement, I agree to pay a late fee of 3% of the remaining balance due. I understand that this penalty and late fee will be added to my account starting from the day following the due date. Late fee will only apply to the tuition and installment fee.								
9.	Notice. After 30 days of account delinquency I will be informed in writing by the Finance Department of penalty and late fee realization. I understand that failure to pay my dues could affect my placement status. I understand that if account is delinquent more than 90 days that the total balance will be sent to collections and potentially applied to my credit.								
10.	Lose eligibility for payment plan. I understand that if I fail to pay the full balance on time that I will be jeopardizing my placement and removal from the program								
I agree, and have read and understood all the above terms and conditions.									

Office Use Only	Payment History		Paid Fees
Finance Signature:		Date:	
Executive Director Signature:		Date:	

Non-Discrimination Policy

Student Signature:

It is the policy of ICTC Governing Board dba AmSkills to provide equal educational opportunities for all people regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity and expression, family responsibilities, political affiliation, disability, source of income, place of residence or business, and veteran status.

Date: