



Middlesex Community College  
100 Training Hill Road  
Middletown, CT 06457  
1.800.818.5501 toll free  
860.343.5800 phone  
860.344.7488 fax

## Patient Care Technician Program Tuition Installment Payment Plan-Spring 2018

***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 Patient Care Technician 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 and 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. If student fails to make payments of amounts due on or before the due date, MxCC reserves the right to administratively withdraw student from the program and make students permanently ineligible for future payment plans.

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. 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 Business Office, Founders Hall, Room 113 upon registration. All installment payments must be made to the Business Office.

STUDENT ID: @ \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

		<u>Full Program</u>	<u>Without Hospital Clinical</u>
Payments:	Upon Registration*	\$ 620	\$ 370
	Second Payment:	\$ 576	\$ 351
	Final Payment:	\$ 575	\$ 351
	Total:	\$1,771	\$1,072

***\*Includes \$25 non-refundable plan fee and first payment. Does not include CPR or BLS.***

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 I understand that if I fail to meet the full payment of this note on or before the date indicated, I may be withdrawn from the College but continue to be responsible for the entire amount.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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College Official: \_\_\_\_\_ Date: \_\_\_\_\_



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**Advanced Nurse Aide Skills (CRN# 1434), Phlebotomy Skills for the PCT (CRN# 1435), EKG and Pulse Oximetry (CRN # 1436), and Hospital Clinical Exp (CRN # 1437).**

***\*\*This plan does not include CPR or BLS.***

**TUITION INSTALLMENT PAYMENT PLAN SCHEDULE OF PAYMENTS**

PROGRAM DATES 2018	TOTAL TUITION	FIRST PAYMENT	INSTALLMENT PLAN FEE	DUE AT REGISTRATION	SECOND PAYMENT DUE DATE	SECOND PAYMENT	FINAL PAYMENT DUE DATE	FINAL PAYMENT	TOTAL COST
01/17/18 – 03/28/18	\$1,746	\$595	\$25	\$620	02/09/18	\$576	03/13/18	\$575	\$1,771
Without Hospital Clinical 01/17/18 – 03/09/18 <b>CRN 1437</b>	\$1,047	\$345	\$25	\$370	02/09/18	\$351	03/01/18	\$351	\$1,072