

The Christ College of Nursing and Health Sciences



Tuition Payment Plan Enrollment Form

Fall 2020 – 5 Payment Option

The Christ College of Nursing and Health Sciences Tuition Payment Plan consists of five (5) equal payments for the Fall Semester 2020. A new enrollment form must be submitted on or before the tuition due date for each semester that the student wishes to participate in a Tuition Payment Plan.

ENROLLMENT FEE

The Tuition Payment Plan has a nonrefundable enrollment fee of \$40 for the Fall 2020 semester. The enrollment fee is applied to the Billing Statement when the Payment Plan Form is submitted. **For the Fall 2020 semester, if the payment plan form is submitted by June 26, 2020 the \$40 payment plan fee will be waived.**

AGREEMENT

I agree to pay tuition for the Fall 2020 semester in five (5) equal payments according to the schedule below. I agree to include the \$40 nonrefundable Payment Plan enrollment fee as indicated below*. Monthly payments must be made in the full amount owed.

TCCNHS may not send reminder payment notices. I understand that failure to make a payment on-time will result in a **\$25 per day late fee**. **The \$25 per day late fee will accrue for a period of five (5) business days or until all financial obligations (including late fees) have been met.** I understand that if I fail to meet all financial obligations (late fees included) after five (5) business days from the agreed due date my Student Account will be referred to the Dean, Academic Support Services, of the College and may result in having Blackboard locked, unable to register for future semesters, or dismissal from the College.

I acknowledge that I have read and understand the above agreement. Choose an item.

INSTRUCTIONS

Please fill in the amounts below. Divide the Total **Balance Due plus the \$40 Payment Plan Enrollment Fee** by five and insert that amount on the five **Payment** lines. ***NOTE: If the payment plan form is submitted by June 26, 2020 the \$40 payment plan fee will be waived.** Payment One must be received no later than July 17, 2020 to enroll in the Fall 2020 Tuition Payment Plan (5 payment option).

Total Balance Due on Billing Statement+\$40 (PP enrollment fee)*: \$ [Click or tap here to enter text.](#)

Payment One:	\$Click or tap here to enter text.	Due Friday, July 17, 2020 by 3 p.m.
Payment Two:	\$Click or tap here to enter text.	Due Friday, August 7, 2020 by 3 p.m.
Payment Three:	\$Click or tap here to enter text.	Due Friday, September 11, 2020 by 3 p.m.
Payment Four:	\$Click or tap here to enter text.	Due Friday, October 9, 2020 by 3 p.m.
Payment Five:	\$Click or tap here to enter text.	Due Friday, November 6, 2020 by 3 p.m.

Student Name: [Click or tap here to enter text.](#)

Student ID Number: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

City/State/Zip: [Click or tap here to enter text.](#)

Phone #: [Click or tap here to enter text.](#)

Do you want to receive text message alerts? _____

Student Signature (required): [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)

My electronic signature and form submission via email indicates that I hereby consent to the terms and conditions of this Agreement for Fall 2020 Semester. I have read and understand the conditions of the Agreement and I accept all its terms in full. I understand that my obligation to pay the tuition for the Fall 2020 Semester is unconditional.

Please make a copy of this agreement for your records before submitting.

Submit by mail to: The Christ College of Nursing and Health Sciences • Student Accounts • 2139 Auburn Avenue • Cincinnati, OH 45219

Submit by email to: sandy.haungs@thechristcollege.edu