

**College in the High School (CHS) Payment Plan
Corporate and Continuing Education Center (CCEC)**

The College in the High School program offers a payment plan for students who need to make tuition payments. The student must complete and return this form to CCEC. The form will initiate registration and the first tuition payment. The remaining payments will be processed by CCEC on the payment plan dates listed below.

Student & Parent Information	
Student Name:	EvCC Student ID #:
Student E-mail:	Student Phone #:
Student Address:	
High School:	
Parent Name:	Parent Phone #:
Parent E-mail:	

Course Information		
Item Number:	Course Title:	Teacher:
Item Number:	Course Title:	Teacher:
Item Number:	Course Title:	Teacher:
Item Number:	Course Title:	Teacher:
Item Number:	Course Title:	Teacher:

Payment Plan Information			
First Payment:	1/6 of total tuition balance + \$10 processing fee =	\$	Due: At time of form submission
Second Payment:	1/6 of total tuition balance =	\$	Due: October 31, 2017
Third Payment:	1/6 of total tuition balance =	\$	Due: November 14, 2017
Fourth Payment:	1/6 of total tuition balance =	\$	Due: November 28, 2017
Fifth Payment:	1/6 of total tuition balance =	\$	Due: December 12, 2017
Sixth Payment:	1/6 of total tuition balance =	\$	Due: January 4, 2018

Payment Information (Check payment method below.)			
<input type="checkbox"/> Check – To be received or hand delivered by stated deadlines.			
<input type="checkbox"/> Credit Card			
Credit Card Type:	<input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard / <input type="checkbox"/> Discover		
Credit Card #:		Expiration Date:	
Cardholder:			

Payment Plan Agreement and Conditions (Please sign below)

Student and Parent: I have read this form and understand that failure to pay results in withholding student transcripts, a block will be placed on my EvCC record, and I will be invoiced for the remaining balance due on my account. I understand that if any of my payments are reversed for any reason such as credit card denial or returned check, I will be billed for the full amount of the remaining amounts owed. I understand that failure to pay may result in the account referred to collections and collection fees will apply. **Failing to pay does not result in the students being dropped from the course.** If I provided a credit/debit card number, CCEC is authorized to run the above payments on the scheduled day. Both parent and student signatures are required to be eligible for the Short Term Tuition Deferral. **Student:** By signing this form, I authorize CCEC to discuss my current quarter payment options with the parent list above. This authorization is only applicable to financial records. **Parent:** The parent will be considered the responsible party for all payments.

Student Signature:		Date:	
Parent Signature:		Date:	