

**ST. VINCENT'S COLLEGE**  
**2800 Main Street**  
**Bridgeport, CT 06606**

## TUITION PAYMENT AGREEMENT

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

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

PAYMENT PLAN: \_\_\_\_\_

For the value received, the undersigned jointly and severally promises to pay to the order of St. Vincent's College all tuition and fees determined by the conditions of my registration.

\_\_\_\_\_ Dollars \$ \_\_\_\_\_

no later than \_\_\_\_\_. The sum represents a balance due. There is no interest or finance charge applicable to the principal amount owing provided the amount is honored at the due date. In the event of default an additional amount will be charged not to exceed 1% per month on the unpaid balance or an effective rate of 12%, plus collection costs. Should suit be brought to recover on this note, or should same be placed in the hands of an attorney for collection, the makers of this note promise to pay all attorney fees, collection agent costs, and other related costs and charges for the collection of any amount not paid when in default according to the terms of the note.

Payment of 35% (after financial aid has been applied) upon registration with the balance due and payable August 15th for the Fall semester and December 1st for the Spring semester. Summer session requires a 50% payment at registration, with the balance paid in full one week before classes start.

INITIAL BALANCE

DOWN PAYMENT

DEFERRED AMOUNT

DUE DATEINTERESTFEESPRINCIPALAMOUNT DUEAMOUNT PAID**TOTALS:**

I agree to pay the above charges in the schedule of installments listed. I understand that failure to make these payments as scheduled can jeopardize my ability to continue to attend classes. In the event I withdraw from the course, the charges listed above remain in effect and are payable according to the deferred payment schedule. If I leave the school within the refund period listed in the school catalogue, a percentage of the tuition due may be refundable.

***STUDENT******PARENT***

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This will certify that I/we have received a copy of this promissory note.

Signature of Student

Signature of Parent

*(Signature of parent required if student is less than legal age.)*