



Tuition and Fees Payment Plan
January Program

1. Students pay in six installments over the academic year, two payments for each semester:

First payment due date: January 15* Second payment due date: February 15*

Third payment due date: April 15* Fourth payment due date: May 15*

Fifth payment due date: August 15* Sixth payment due date: September 15*

*or next business day, if 15th falls on a weekend or national holiday

2. The Bursar's Office will calculate the amounts due under the Plan.
3. Students are expected to be aware of their payment due dates and amounts and make payments on time. Payment reminders will not be sent to students.
4. Student payment options are as follows:
- Check, Money Order, Debit Card, or Credit Card (Visa, MasterCard, or Discover)
 - Accepted in person at IGH at the following days/times:
 - Mondays & Thursdays from 9:00am – 12:30pm
 - Debit Card and Credit Card (Visa, MasterCard, or Discover)
 - Accepted online at <https://events.rochesterregional.org/product/ighspn-2020-payments/>
 - Check and Money Order
 - Accepted by mail to:
Isabella Graham Hart School of Practical Nursing
Attention: Bursars Office
1630 Portland Avenue
Rochester, NY 14621
5. All payments must be received on or before each due date. Failure to make a scheduled payment on time will result in a late fee of \$25. **Students that still have an outstanding balance 5 business days after the due date will be removed from class. Term balances must be paid in full prior to proceeding to the next term.**
6. If a check paid to the school is returned for any reason, the student will be charged \$25. All future payments by/for this student must be made by money order, debit card or credit card.
7. The Payment Plan may be canceled at any time by notifying the bursar in writing and including payment in full.
8. For students withdrawing from school, refunds of monies paid will be handled according to the IGHSPN refund policy (see our website for the full policy).
9. IGHSPN reserves the right not to offer the Payment Plan to students who have used it previously and have not paid according to their payment schedule.



**ISABELLA GRAHAM HART SCHOOL OF PRACTICAL NURSING
TUITION AND FEES PAYMENT PLAN AGREEMENT- JANUARY**

Student Name

Student ID Number

Home Address

Cell Phone Number

Home Phone Number, if different

E-mail Address

Agreement Terms & Conditions:

I agree to pay the listed amounts, which include a one-time administrative fee of \$50, upon execution of this agreement. I agree to pay each of the subsequent payments by the indicated due dates. I understand that IF estimated credits are used to determine my total installment contract amount then the payment amounts may change and I will be promptly notified of the new amounts by IGHSPN.

I acknowledge a financial indebtedness to IGHSPN in the amount of \$ _____, to be paid as follows:

\$ _____ due on or before ___/___/___ . \$ _____ due on or before ___/___/___ .

\$ _____ due on or before ___/___/___ . \$ _____ due on or before ___/___/___ .

\$ _____ due on or before ___/___/___ . \$ _____ due on or before ___/___/___ .

Failure to make the above scheduled payments on time will result in a late fee of \$25. IGHSPN will remove me from all classes after 5 business days of non-payment and will not release grades or transcripts until all account balances are paid in full.

I have read the Terms and Conditions of this agreement and understand all provisions associated with this contract. I agree to pay IGHSPN the amounts due as set forth above.

Printed Name of Student

Signature of Student

Date