



Tuition and Fees Payment Plan
August Program

1. Students pay in six installments over the duration of the program:

First payment due date: July 28* Second payment due date: September 15*

Third payment due date: November 15* Fourth payment due date: December 15*

Fifth payment due date: March 15* Sixth payment due date: April 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:

Accepted In-Person at IGH Bursar's Office at the following days/times:

Check, Money Order, Debit Card, or Credit Card (Visa, MasterCard, American Express or Discover)
Monday-Friday from 9:00am – 12:00pm and 4:00pm - 7:00pm *(times are subject to change)*

Accepted Online: Request an e-mail invoice link from the Bursar's Office, e-mail request to
CollegeBursars@rgcohc.edu.

OR Log into your Orbund account > Finance > Payment & Invoice

Accepted by mail (Check or Money Order) to:

Isabella Graham Hart School of Practical Nursing
Attention: Bursars Office
470 Skyview Centre Pkwy
Rochester, NY 14622

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 after 90 days are subject to dismissal from the program for non-payment. Missed installment payments 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 – AUGUST**

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