



CYBER TECH CAREER COLLEGE

"Teaching Tomorrow's Technology... Today"

No. 85 Collins Avenue - Opposite Centreville Primary School
 Phone: 322-4223 - P.O.Box N-9170 - Nassau, N.P. Bahamas
 Website: www.cybertech242.com - Email: info@cybertech242.com

TUITION PAYMENT AGREEMENT

PERSONAL INFORMATION

(If the student is under the age of 18, a responsible Parent/Guardian MUST complete this form using the responsible Parent/Guardian Personal Information)

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
STREET ADDRESS:			P.O.BOX:	NIB NUMBER:
E MAIL ADDRESS:			CELL PHONE:	HOME PHONE:
PLACE OF EMPLOYMENT:	(IF APPLICABLE)	OCCUPATION:		WORK PHONE:

I, _____ agree to pay Cyber Tech Career College located at No. 85 Collins Avenue, Nassau Bahamas the sum of the amounts below and endorsed in the **Schedule of Payments** set forth below. I agree to pay all attorneys' fees and other reasonable collection cost and charges necessary for the collection of any amount not paid when due.

I also agree that if I withdraw from the course for whatever reasons and or fail/pass the course, I am still obligated to pay the amount shown in the schedule below.

This Section Must Be Completed In Consultation With Cyber Tech Career College Accounts Department

SCHEDULE OF PAYMENTS

The following amount is outstanding for course(s) enrolled in by: _____
 under the Tuition Payment Agreement on the date indicated: _____ STUDENT'S NAME

AMOUNT	DATE	SIGNATURE OF STUDENT/PARENT/GUARDIAN
\$ _____	_____	_____

I agree to make a maximum of _____ installments as shown below;

Installment One:	\$ _____	Due on or before _____
Installment Two:	\$ _____	Due on or before _____
Installment Three:	\$ _____	Due on or before _____
Installment Four:	\$ _____	Due on or before _____

I further understand and agree that a **\$25.00** late fee will be added weekly to any outstanding amounts not paid when due.

Cyber Tech Career College may at its option, declare my Tuition Payment Agreement to be in default and may demand immediate payment of the entire unpaid balance of this agreement including late fees, and only if, I do not make a scheduled payment when it is due.

I understand and agree that if I default on my Tuition Payment Agreement payments; Cyber Tech Career College may disclose the fact that I have defaulted and give my information to a relevant collection agency and or attorney for collection.

_____ Signature Student or Parent/Guardian	_____ Print Name Student or Parent/Guardian	_____ CTCC Accounts Department Authorized Rep Signature	_____ CTCC Accounts Department Authorized Rep Name
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