

TUITION CONTRACT

(Please print all information)

NAME				SSN #	
					last 4 digits only
ADDRESS_	Street or PO Box				
				HOME PHONE	
-	city	state	zip		
DATE OF BIRTH				WORK PHONE	
	mm/dd/yr				
				PLACE OF EMPLOYMENT	
The undersigned agrees fees in the amount of:	s to pay Isot	hermal Comi	munity	College the above term's tuition and any	applicable
Tuition_				BALANCE DUE TO BE PAIL	NO LATER THAN:
Fees_					
				Due Date)
				Final	
TOTAL _ Less 25% down [Due when co	ntract signed		Payment Date	
_				Receipt #Business Office	
BALANCE DUE				Business Office	Use
Netro (Decrease)					
Notes/Payments: _					
_					
I understand that if I with any balance remaining a tuition contracts. I also a transcript until the abo	hdraw from to according to understand ove balance	the College af the above. F that I will not I due is paid-in	ter the paragraph to the allow of the allow of the full. If i	above due date, I will be dropped from more above due date, I will be dropped from more above a refund, I owe are pay according to schedule will disqualify the discount remains outstanding 60 days for collection proceedings.	nd agree to pay me for future ny grades or
Student's signature _				Date	
Controller/Assistant Controller signature				Date	

ISOTHERMAL COMMUNITY COLLEGE APPLICATION FOR TUITION DEFERMENT

FULL NAME					_	SSN#		
ADDRESS					_	TERM		
ADDICEOU _		Street or PO Bo	OX		_	12KW_		
_					_	HOME PHONE		
	city	state	zip		_			
DATE OF BIRTH					_	WORK PHONE	<u> </u>	
		mm/dd/yr						
Please read the fo	llowing ca	arefully:						
A 25% deposit of th Are you prepared to						_		
If you answered "No If you answered "Ye							s time.	
If this application is a left you still have an our due at that time is still turned over to a state proceedings. You will paid-in-full. An application order for us to be a lowe Isothermal Committee.	tstanding by I payable by approved of I not be allowation for turns sured of y	alance after to y you. If the collection age owed to registition defermentation our financial	that time, balance rency and ter again nt can on responsib	you will be adiremains outstarthe North Caro for classes or ally be made on billity, please st	ministratively nding for mo olina Departri obtain a tran ce every two	withdrawn fron re than 60 days nent of Revenue script unitl the b years.	n class. The your accour e for collectio palance owed	balance nt will be on d is
have read and unders and correct to the best plication will be immedi	of my knowle	edge. If any of	this inforn	mation is found t	o be false, I u	inderstand that m		
Business Office Use of	nly							
I Application Approved _			Applicatio	on denied				
			11					
Signature of controller								