



Surgical Technology Payment Plan Policy

1. A **\$4,400.00 Deposit** secures a seat in the **Surgical Technology Program**. Payments must be completed in accordance with the following approved payment plan.
2. Monthly payment plans may be approved as follows:
Degree Program (no General Education) = \$29,800.00. Eight (8) payments of \$2,800.00 and one (1) payment of \$3,000.00 must be received on or before the 15th day of EACH month until the balance is paid in full.
Degree Program (with General Education) = \$33,100.00. Twelve (12) payments of \$2,200.00 and one (1) payment of \$2,300.00 must be received on or before the 15th day of EACH month until the balance is paid in full.
3. **Surgical Technology** students on approved payment plans must make timely payments and agree to the following terms, as outlined in the Payment Plan Policy.

Payment plans for the **Surgical Technology Program** state that:

_____ (Initial) Payments are due by the **15th of EACH** month.

_____ (Initial) Students can be removed from class and/or clinical site, and/or restricted from taking the final or being placed on Externship until payments are in good standing.

_____ (Initial) If you have been pulled from a clinical site and/or the clinical site does not allow you to return, you will be dropped from the program (*please refer to the Attendance Policy*).

_____ (Initial) If any student misses class due to non-payment, those absences will be recorded and may affect grades.

_____ (Initial) Surgical Technology students repeating a failed term or re-entering the program or moving start dates for any reason, must complete a Change of Status Form and an Addendum to Enrollment Agreement, and will be subject to any additional applicable fees, including tuition increases.

a. Degree Program NO General Education (8) monthly payments: \$2,800.00 + (1) monthly payment: \$3,000.00

Initial: _____

b. Degree Program WITH General Education (12) monthly payments: \$2,200.00 + (1) monthly payment: \$2,300.00

Initial: _____

c. Tuition is paid in full.

Initial: _____

d. Other pre-approved arrangements: _____

Initial: _____

I agree to the requirements of the SVSTI-approved monthly payment plan and agree to submit the monthly payment NO LATER than the 15th day of EACH calendar month.

Student Initial: _____ SVSTI Initial: _____

By initialing the above and signing below, you understand and agree to the payment plan options for the Surgical Technology Program, and you are agreeing to be financially responsible for your account balance and will abide by all terms of the Payment Plan Policy.

I have read and understood all the terms and conditions contained in this payment agreement, and I agree to be legally bound by those terms and conditions.

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

SVSTI Official Signature: _____ Date: _____

Late Payment Policy and Fees

Each late payment is subject to a \$100.00 Late Fee.

Late payments will result in students being pulled from class, Externship, or being restricted from taking the final and receiving an absence (please see the Attendance Policy for allowed absences). If you do not make a payment during your Externship, you will be pulled from your clinical site. **Communication is key!**

Failed Term/Class Policy

1. If you fail a term, a \$4,500.00 Repeat Fee will apply. **(You get one failed term for Surgical Technology)**
2. No extensions are given for Surgical Technology; you will have to repeat the term.
3. Bounced checks or a declined payment are subject to a \$35.00 Fee.

Failure to Pay Policy

The purpose of this policy is to define a student’s failure to pay all fees or charges to the student’s account and outline potential consequences for such action.

By registering for the SVSTI Surgical Technology Program, students agree to be financially responsible for their account balance and any applicable fees, including, but not limited to, tuition, textbooks, and miscellaneous charges.

Failure to comply with SVSTI's payment policies may result in further collection activity by an outside collection agency or attorney. When this action occurs, students are responsible for paying all collection expenses, which may exceed 50% of the original balance owed. Although every effort is made to contact a student prior to submitting the account to a collection agency, SVSTI reserves the right to submit a student’s account for collection at any time if the student fails to remit the personal payment portion of the account balance.

I have read and understood all the terms and conditions contained in this payment agreement, and I agree to be legally bound by those terms and conditions.

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

SVSTI Official Signature: _____ Date: _____