**SVSTI Payment Plan Option Surgical Technology**

1. A **$3400** **deposit** will secure a seat for the **Surgical Technology Program.** Payments must be **COMPLETED** in accordance with the following approved payment plan.
2. Monthly payments plans may be approved as follows.

Certificate Program = $26,500. A minimum of $2565 must be received on or before the 15th day of EACH month until the balance is paid in full.

Degree Program = $29,800. A minimum of $2050 must be received on or before the 15th day of EACH month until the balance is paid in full.

1. **Surgical Technology** students who are on approved payment plans must maintain timely payments agree to the following terms known as payment plan policy.

**The Payment Plan Policy states that (*initial all*):**

\_\_\_\_\_\_\_ Payments are due by the **15th of EACH** month

\_\_\_\_\_\_\_Students can be removed from class and/or clinical site, and / or restricted to take the final until payments are in good standing.

\_\_\_\_\_\_\_If you have been pulled from a clinical site, and the clinical site does not allow you to return, you will be dropped from the program (*please refer to the SVSTI Attendance Policy).*

\_\_\_\_\_\_\_If any student misses’ class due to non-payment those absences will be recorded and may affect grade.

\_\_\_\_\_\_\_ ST students repeating a failed Term or re-entering the program, must complete a new Enrollment Agreement, and will be subject to any additional applicable fees including tuition increase.

Certificate Program (9) Monthly payments: \_\_\_\_\_\_$2565\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Initial**\_\_\_\_\_\_\_\_\_

Degree Program (13) Monthly payments: \_\_\_\_\_\_\_$2050\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Initial**\_\_\_\_\_\_\_\_\_

Tuition paid in full. **Initials \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SVSTI Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 Initials\_\_\_\_\_\_\_\_\_\_\_\_\_ SVSTI Initial \_\_\_\_\_\_\_\_\_\_\_\_\_

By initialing above for your payment plan options for the **Surgical Technology Program** you are agreeing to be financial responsible for your account balance and will abide by the plan you initialed above.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SVSTI Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Late Payment Policy & Fees**

Each late payment is subject to a $100 late fee.

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

**Failed Term/Class**

1. If you fail a Surg Tech Term a $4500 repeat fee will apply. (One failed term is allowed in SVSTI’s Surg Tech Program).
2. No extensions are given for Surg Tech, you will have to repeat the term.
3. Each bounced checks or declined payments are subject to a $35 fee.

I have read and understood all the terms and conditions above, and I agree to be legally bound by those terms and conditions.

**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 are agreeing to the financial responsibility for their account balance, including but not limited to charges for tuition, textbooks, lab fees, and all miscellaneous charges.

Failure to comply with the payment policies of the SVSTI 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 submission to a collection agency, SVSTI reserves the right to submit a student’s account for collection at any time when the student fails to remit the personal payment portion of the account balance.

I have read and understood all the terms and conditions above, and I agree to be legally bound by those terms and conditions.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

SVSTI Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_