

THE COLLEGE OF THE BAHAMAS

DEFERRED PAYMENT PLAN - Application and Agreement Form

Deferred Payment Plan is available for TUITION ONLY. FEES must be paid in FULL
NOT AVAILABLE FOR STUDENTS REGISTERED FOR CEES, LLB & MASTERS PROGRAMMES

Submit form to: Business Office, The College of The Bahamas, P. O. Box N-4912, Nassau, Bahamas
Check the Academic Calendar at www.cob.edu.bs/Academics/AcademicCal.php for payment deadlines.

APPROVAL CRITERIA

- ◆ **Bahamian** student pursuing twelve (12) or more credits per semester
- ◆ Not in arrears (past due) in payment of any College charges/fees
- ◆ Without a previously unsatisfactory College credit record.
- ◆ Must have a minimum GPA of 2.0
- ◆ Not in possession of another award which covers 100% of your tuition
- ◆ Must demonstrate financial need
- ◆ **If approved, the Initial Payment is due immediately**

GENERAL INSTRUCTIONS (Note: An incomplete application will not be considered)

The following documents must be submitted with this application/agreement form (tick appropriate boxes):

- Job Letter (including salary information) from Parent/Guardian/Sponsor
- Copy of The College of The Bahamas acceptance letter (new student)
- Copy of latest College transcript (returning student)
- The first four pages of valid passport
- On a separate sheet of paper, explain why you need to use the Deferred Payment Plan
- Copy of bill for upcoming semester
- New Student Returning Student

PERSONAL DATA

PLEASE PRINT OR TYPE

Semester: _____

STUDENT'S LAST NAME FIRST MIDDLE INITIAL

STUDENT NUMBER Major/Programme P.O. Box Current Address

PERMANENT HOME ADDRESS Telephone Numbers (s) E-MAIL ADDRESS

Parent's or Guardian LAST NAME (1st) P.O. Box Home Phone Business Telephone (s)
(If responsible for Payment)

EMPLOYER NAME Street Address P. O. Box Business Telephone(s)

PARENTAL INFORMATION

1. FATHER/GUARDIAN/SPONSOR: _____
Surname First Middle
- i. PLACE & DATE OF BIRTH: _____
- ii. NAME OF EMPLOYER: _____ Occupation: _____ Phone #: _____
- iii. MARITAL STATUS: Single [] Married [] Separated [] Divorced [] Deceased []
- iv. NUMBER OF DEPENDENTS: _____ Age of Dependents : _____
- v. ANNUAL INCOME (proof is required): Under \$10,000 [] \$10,000 - \$19,999 [] \$20,000-\$29,999 [] 30,000+ []
2. MOTHER/GUARDIAN/SPONSOR: _____
Surname First Middle
- i. PLACE & DATE OF BIRTH: _____
- ii. NAME OF EMPLOYER: _____ Occupation: _____ Phone #: _____
- iii. MARITAL STATUS: Single [] Married [] Separated [] Divorced [] Deceased []
- iv. NUMBER OF DEPENDENT(S): _____ Age(s) of Dependents : _____
- v. ANNUAL INCOME (proof is required): Under \$10,000 [] \$10,000 - \$19,999 [] \$20,000-\$29,999 [] \$30,000+ []

TERMS of this Agreement:

FACILITY/SERVICE FEE (FSF) \$50.00 per semester

INITIAL PAYMENT 33% of the *Bill* inclusive of Security deposit, Insurance and ID FEES Must Be Paid when approved.

SUBSEQUENT PAYMENT The 67% deferred balance of tuition is due in *two (2) equal Monthly* installments:
Fall Semester: September and October
Spring Semester: January and February

PENALTIES

- A \$50.00 penalty fee will be charged *each month* on **all late** payments of outstanding tuition and fees
- **Withdrawal from all classes if balance is not paid after month 2**

APPLICATION/ AGREEMENT FORMS Deferred Payment Plan is not available for summer semester.

DEFERRED PAYMENT CALCULATION

	<u>Tuition</u>	<u>Other Fees & Charges</u>	<u>Administrative Fee</u>	<u>Initial Payment</u>
Tuition (current term)	\$ _____			
Less: Scholarship Amount	\$ (_____)			
Net Tuition	\$ _____			
33% Tuition	\$ _____	+ \$ _____	+ \$50 =	\$ _____
Deferred Tuition	\$ _____			
DEFERRED PAYMENT	\$ _____	+ \$ _____	= \$ _____	
	Month 1	Month 2		Total

(In accordance with subsequent payments as noted above.)

1. I understand that The College will withhold all academic privileges (*including registration materials, grades, transcripts, sitting of examinations, and all information regarding my records*) if I am in arrears in the payment of **TUITION** or other charges.
2. I understand that I will not be allowed to attend classes if I am in arrears in the payment of **TUITION** or other charges after month 2.
3. I understand that withdrawal from courses or from The College will not alter my obligation to pay any portion of the deferred amount outstanding at the time of withdrawal.
4. I have read and fully understand the information and terms stated and attest to the truth of all statements made and agree to fulfill the terms of the plan of payment requested as described herein.
5. I agree to pay thirty three (33%) of each *semester's bill* inclusive of all relevant fees *in FULL by the Fee Payment Deadline Date*, and the outstanding balance in accordance with the payment schedule as described above.

DATE: _____ Student Name _____ ID # _____ SIGNATURE: _____
 (PRINT)

DATE: _____ SIGNATURE: _____ / _____
 (Parent/Guardian/Sponsor responsible for payment)

FOR OFFICIAL USE ONLY

Application Approved: _____ Denied _____ Date: _____