



# Caribbean School of Medical Sciences, Jamaica

## Student Payment Plan

Upon Registering, all students must elect a Payment Plan, if there is an inability to pay the Tuition Fee in full upon acceptance and enrollment at the Caribbean School of Medical Sciences, Jamaica (CSMSJ), commencement and continuation of your program.

Students utilizing the payment option **MUST COMPLETE** and submit this form to the Office of the Chief Financial & Development Officer.

**Purpose of this form:** Use this form if you are not able to pay your full tuition balance at the beginning of the semester. You must meet all due dates that are established by CSMSJ in keeping with the selected option. Kindly note, payment due dates are the same for all students under the specific plan chosen.

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **TERM:** \_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_

### NEXT OF KIN

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TEL NO.:** \_\_\_\_\_

Tick One

### INSTALLMENTS:

2 Months Plan

First Payment	1/2 of total before the first day of class.
Second Payment	Balance 1/2 of fee within the first month of class with \$25 USD interest charge.

3 Months Plan

First Payment	1/3 of total fee before the first day of class.
Second Payment	1/3 of total fee within the first month of class with \$50 USD interest charge.
Third Payment	Balance 1/3 of fee within the second month of class with \$50 USD interest charge.



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Modified Plan

Modified Plans are special plans designed to facilitate CSMSJ students to realize their dreams by successfully completing the programme of their choice. Modified plans are instituted only after the students requests for a modified plan has been approved by the Finance Committee and there is a processing fee of 25US

## Payment Information:

Total Amount Due: \$ \_\_\_\_\_ USD

Payment #	Monthly Payment Date	Payment Amount:
One	_____	\$ _____ USD
Two	_____	\$ _____ USD
Three	_____	\$ _____ USD

I would like to pay according to payment plan identified. I understand and agree that failure to pay all amounts and charges by the agreed payment due date WILL RENDER MY ACCOUNT IN DEFAULT OF PAYMENT and as such CSMSJ SHALL SUSPEND ALL student privileges. The suspended privileges include but are not limited to receipt of academic results, transcripts, entry to examinations, use of library services, admissions to classes and admission to CSMSJ teaching facility and/or premises.

Additional penalties will also be incurred monthly in accordance with CSMSJ payment policies. CSMSJ reserves the right to pursue collections of fees and legal actions where necessary to recover all sums outstanding plus interest and cost for legal fees.

I understand and agree that any payment made to CSMSJ will be credited first to any delinquent payment amounts, interest accrued and the remainder shall be applied to the tuition amount outstanding.

I also understand that withdrawal from the school does not release me from this payment plan obligation or any other incurred penalty fees.

## Terms and Conditions

1. I agree to pay my tuition balance under the terms of \_\_\_\_\_ Plan.  
I request this benefit from CSMSJ.
2. I agree to pay all my installments on or before the established due date.
3. A dishonoured cheque returned to CSMSJ, all fees and penalties shall be borne by me.



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I further commit to pay a penalty, late fee plus a \$30USD return cheque fee for dishonoured cheque.

4. Any subsequent changes to the payment plan I have selected must be done on or before the due date.
5. CSMSJ will honour terms and conditions point #4 as stated if the student is moving from modified plan, to 3 months plan or 2 months plan or he/she chooses to make full payment or part payment thereof that is greater than the previously agreed amount.
6. Where the tuition fee and all charges are liquidated before the due date I may choose to apply for a reduction of installment fees. In this case application may be considered on a case by case basis
7. Tuition payments received are first applied against the oldest outstanding amounts.
8. Any special extenuating circumstances that may affect my payment schedule, such as acts of God, or medical problems, must be communicated in writing and approved by CFDO before being submitted to the accounting office.

### **Late Payment Policy**

9. **Penalty and Late fee.** If I fail to pay the full due amount on or before the due date, I agree to pay late fee of 0.2% on the amount per day. I understand that this late fee of 0.2% will be accumulating until the day I pay the total amount due. This penalty and late fee will be added to my account starting from the day following the due date. Late fees will only apply to the tuition and installment fee and weekends and holidays are counted in the calculation of such. CSMSJ reserves the right to change the rate if interest applied on all amounts outstanding without prior notice to the defaulting student.
10. **Notice.** After 7 days of account delinquency I will be informed in writing by the Chief Financial & Development Officer of penalty and late fee realization. I understand that failure to pay my dues could affect my status.
11. **Change to the next plan.** Where I fail to pay the installment and fee for more than one month after the initial due date, my payment plan will automatically be rescinded and changed to the next payment plan. This will incur an additional installment fee which shall be added along with the appropriate late fee.
12. **Loss of eligibility for payment plan.** Where I fail to pay the required installments on more than one occasion, I will no longer be eligible for a payment plan the upcoming semester.
13. **Withholding of Readmission to CSMSJ.** Once I have any outstanding tuition amount, my enrollment to CSMSJ will be cancelled and I will be unable to enroll for future academic programme until ALL AMOUNTS outstanding are cleared.
14. **All requests must be in writing and delivered to the Office of the Chief Financial Development Officer and copied to the Office of the Registrar.**



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I agree, and have read and understood all the above terms and conditions.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

## **FOR OFFICE USE ONLY**

1 <sup>st</sup> Payment		2 <sup>nd</sup> Payment		3 <sup>RD</sup> Payment	
Amount:	Student ID#: _____	Amount:	Student ID#: _____	Amount:	Student ID#: _____
Date:	Student Name: _____ _____	Date:	Student Name: _____ _____	Date:	Student Name: _____ _____
	Accounts Department Signature: _____		Accounts Department Signature: _____		Accounts Department Signature: _____

Approved by: Finance Committee

Approved Date: December 14, 2016

Review Date: January 10, 2017