



Caribbean School of Medical Sciences, Jamaica

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 Finance & 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 Academic Year. It would be best if you met all due dates that CSMSJ establishes in keeping with the selected option. Kindly note that due payment dates are the same for all students under the chosen specific plan.

LAST NAME: _____ FIRST NAME: _____

PHONE: _____ EMAIL: _____

PROGRAM: _____ TERM: _____ STUDENT ID: _____

NEXT OF KIN

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

TEL NO.: _____

INSTALLMENTS:

3 Semester Plan

First Payment	1/2 of the total before the first day of class.
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Second Payment	1/3 of half of the fee within the first Semester of class with a USD 200.00 interest charge.
Third Payment	Balance 1/3 of half of the total fee within the second Semester of class with a USD 200.00 interest charge.
Fourth Payment	Balance 1/3 of half of the total fee within the third Semester of class with a USD 200.00 interest charge.



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Modified Plan

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

NB. The Semester Payments must be completed before Mid-Semester Examination is taken.

Payment Information:

Total Amount Due: \$ _____ USD

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

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



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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**; I shall bear all fees and penalties.
I further commit to paying the penalty, late fee, plus a USD 30 return cheque fee for the dishonoured cheque.
4. Any subsequent changes to the selected payment plan 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 a 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, the application may be considered on a case-by-case basis
7. Tuition payments received are first applied against the oldest outstanding amounts.
8. Any exceptional extenuating circumstances that may affect my payment schedules, 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 a late fee of 0.2% 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 a late fee will be added to my account from the day following the due date. Late payments will only apply to the tuition and installment fee; weekends and holidays are counted in such calculation. CSMSJ reserves the right to change the rate of 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 a penalty and late fee realization. I understand that failure to pay my dues could affect my status.
11. **Change to the next plan.** If 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, along with the appropriate late fee.
12. **Loss of eligibility for the 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 for the upcoming Academic Year.



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13. **Withholding of Readmission to CSMSJ.** Once I have any outstanding tuition, my enrollment in CSMSJ will be cancelled. I will be unable to enroll in future academic programmes until ALL outstanding amounts are cleared.
14. **All requests must be in writing, delivered to the Office of the Chief Financial Development Officer, and copied to the Office of the Registrar.**

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 st Payment		2 nd Payment		3 RD 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
Last Review Date: August 22, 2022