

SASPRO TUITION PAYMENT PLAN

COURSE _____

CHECK WHICH IN PERSON CLASS

MON -TUES 9AM-2PM +1 SAT /MONTH

MON -TUES 3PM-8PM +1 SAT /MONTH

WED -THURS 9AM-2PM +1 SAT /MONTH

WED -THURS 3PM-8PM +1 SAT /MONTH

START DATE _____

PRACTICAL SCHEDULE

CHECK ONE

SELF PAY STUDENT

RECEIVING STATE TUITION ASSISTANCE

IF YOU CHECKED STATE TUITION ASSISTANCE

PLEASE WRITE YOUR REPS NAME HERE _____ AND SIGN BELOW.

AMOUNT COVERED BY FUNDING _____

IF YOU CHECKED SELF PAY

AMOUNT SELF PAYING _____

BY SIGNING THIS DOCUMENT YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE TUITION PAYMENT PLAN OUTLINED IN THE SASPRO STUDENT HANDBOOK. YOU WILL BE EMAILED AN INVOICE THAT CAN BE PAID ELECTRONICALLY FOR 10% OF TUITION, REGISTRATION FEE AND EBOOK COSTS. THESE COSTS ARE DETAILED IN THE SASPRO STUDENT HANDBOOK. IF YOUR FUNDING WILL NOT COVER THE TOTAL OF TUITION, SUBTRACT THE AMOUNT COVERED BY THE TOTAL AMOUNT AND DIVIDE THAT NUMBER BY THE MONTHS OF THE PROGRAM FOR YOURSELF PAY MONTHLY PAYMENT.

AFTER THAT INITIAL ENROLLMENT INVOICE IS PAID YOU WILL RECEIVE AN EMAILED INVOICE ON THE 1ST OF EVERY MONTH FOR THE MONTHS ENROLLED FOR THE AMOUNT OF THE REMAINING TUITION BALANCE DIVIDED BY THE MONTH ENROLLED.

SELF PAY STUDENT

X _____ *Date* _____

Notary -----

stamp

STATE ASSISTED STUDENT

x----- Date-----