



# Berkshire Community College

1350 West Street \* Pittsfield, MA 01201-5786  
 (413) 236-3042 \* [www.berkshirecc.edu](http://www.berkshirecc.edu)  
 Email: [studentbilling@berkshirecc.edu](mailto:studentbilling@berkshirecc.edu)

## THREE INSTALLMENT PAYMENT PLAN (TIPP) Spring 2012 Semester

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### PART A

#### Student (please print)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(LAST) (FIRST) (MI)

Permanent Address \_\_\_\_\_ Telephone \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ (Please notify the Registrar's office if your address changes)  
CITY STATE ZIP

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP

### PART B

#### Co-Signer – Required (please print)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(LAST) (FIRST) (MI)

Permanent Address \_\_\_\_\_ Telephone \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP

### PART C

#### Terms of Agreement

1. *STUDENT* agrees to make payment to Berkshire Community College (hereinafter referred to as "College") for semester charges in accordance with the payment schedule set forth in part (III) of the Three Installment Payment Plan (hereinafter referred to as "Plan")
2. *STUDENT* agrees to submit a completed application. A CO-SIGNER is required for all TIPP participants. If *STUDENT* is under the age 18 the CO-SIGNER must be the *STUDENT'S* parent or legal guardian. CO-SIGNER must be over 18 years of age.
3. *STUDENT* agrees to pay as Installments Two or Three all additional tuition fees incurred after the approval of this Plan
4. *STUDENT* agrees to make all payments by the due date. **Late payments are subject to a \$50 late fee.** Failure to meet the conditions of the Plan shall result in a hold of the *STUDENT'S* record, and may result in the *STUDENT'S* account being turned over to collection. *STUDENT* shall be obligated for all collection and/or legal cost incurred.
5. *STUDENT* agrees to pay **\$30 non-refundable administrative fee** for participating in this Plan.
6. *STUDENT* agrees to confirm his/her balance with the College's Business office prior to making final payment.
7. *STUDENT* agrees to abide by the Add/Drop, Withdrawal, and Refund Policies and all other pertinent policies set forth by the College and/or its Board of Trustees
8. CO-SIGNER agrees that if *STUDENT* fails to meet the conditions of this Plan, CO-SIGNER will be held fully responsible for the outstanding obligation of this Plan, including collection and legal fees.

