



Berkshire Community College

1350 West Street * Pittsfield, MA 01201-5786
(413) 236-3042 * www.berkshirecc.edu

THREE INSTALLMENT PAYMENT PLAN (TIPP)

PART A

Student (please print)

Name _____ SSN _____
(LAST) (FIRST) (MI)

Permanent Address _____ Telephone _____
NUMBER STREET

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

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 for each Installment 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.

PART D

Payment Calculation/Payment Schedule

The following calculation is designed to assist you in computing your installment payments:

I. Initial Charges (See balance due on the upper right hand corner of your bill) \$ _____

II. Deductions:

Financial or scholarship aid that has not already been credited to your bill. Attach copy of award letter (\$ _____)

Health Insurance – Complete a waiver form and deduct the amount you were charged for insurance. (\$ _____)

MASSPIRG – Complete a waiver form and deduct the amount you were charged for Masspirg. (\$ _____)

Total deductions (\$ _____)

Net balance due after deductions \$ _____

III. Payments:

Installment One (must be included with this form)

Remit 1/3 of the net balance due, plus the \$ 30 non refundable payment plan fee. (due January 15, 2010) \$ _____

Installment Two (due Friday, February 19, 2010)

Remit 1/3 of the original net balance. \$ _____

Installment Three (due Friday, March 19, 2010)

Remit unpaid balance in full. \$ _____

Total Payments \$ _____

PART E

Certification I have read and understand the Terms of Agreement of TIPP and agree to the conditions as set forth herein. I have read and understand the Refund Policy.

STUDENT SIGNATURE

DATE

CO-SIGNER SIGNATURE

DATE

***** Student Billing Office Approval *****

SIGNATURE OF AUTHORIZED PERSON

DATE