



## PROVIDENCE BIBLE COLLEGE AND THEOLOGICAL SEMINARY

### TUITION PAYMENT INSTALLMENT PLAN

#### Tuition payment agreement terms:

The Tuition Payment Installment Plan Agreement is a contract between the **STUDENT** and Providence Bible College and Theological Seminary (PBCTS). To enter into an approved tuition payment plan, you are required to sign and return this form to the Academic Affairs office as a condition for registering for the classes you have selected for enrollment. Based on this agreement, it is the primary responsibility of the student to pay all tuition and any other fees (if any is incurred) based on the terms agreed upon in this installment plan.

By signing below, the **RESPONSIBLE BILLING PARTY (you, the student)** agrees to be a guarantor of all tuition (and any required fees) due to Providence Bible College and Theological Seminary.

#### SELECT YOUR PAYMENT PLAN:

\_\_\_\_\_ **Two Partial Payments** – **STUDENT** promises to pay the charges to Providence Bible College and Theological Seminary for the stated quarter term's tuition in **two** agreed to payments and dates, prior to the end of the new quarter term for which this installment plan is designed to cover.

Fill in the pertinent Quarter term (along with the indicated first day of the class):

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Fill in the course titles of the classes you are registered for, and which you are agreeing to pay per the **two** payments per this installment:

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Fill in the amount you will pay in each of the **two** payments per this installment plan:

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Fill in the dates on which you will make each of the **two** partial payments per this installment plan:

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\_\_\_\_\_ **Three Partial Payments Plan** – **STUDENT** promises to pay all tuition charges to Providence Bible College and Theological Seminary for the stated quarter term’s tuition in **three** agreed to payments and dates, prior to the end of the new quarter term for which this installment plan is designed to cover.

Fill in the pertinent *Quarter* term and year (along with the indicated first day of the class):

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Fill in the course titles of the classes you are registered for, and which you are agreeing to pay per the **three** payments per this installment plan:

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Fill in the *amount* you will pay in each of the **three** payments per this installment plan:

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Fill in the *dates* on which you will make each of the **three** partial payments per this installment plan:

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Satisfactory arrangements for the payment of the total charges for each quarter term’s tuition **MUST** be made prior to the first day of a new term and all tuition balances must be paid prior to the first of day of an upcoming new quarter term classes or new registration for a new quarter term would not be permitted. Satisfactory arrangements are (1) timely payment pursuant to the Full Payment Plan; or (2) selection of the Monthly Payment Plan **AND** payment of all monthly installments which are billed on the **STUDENT’S PBCTS** statements prior to the first day of classes.

The Monthly Payment Plan is a privilege, which may be revoked for cause. Under the agreed to payment plan, all payments/installments are due and payable in full upon receipt of each statement and become delinquent after the 10<sup>th</sup> day of the month they are due. Delinquent accounts are subject to a late charge of ten percent (10%) of the past due amount each month the account is delinquent. In addition, all past due charges from the previous quarter term **MUST** be paid prior to registering for and attending classes in the next quarter term.

By signing this Tuition Payment Agreement, the **STUDENT** agrees to pay all reasonable collection costs, including reasonable collection agency fees, incurred to collect any delinquent accounts. In the event of withdrawal from PBCTS, refunds will be made in accordance with the policy stated in the PBCTS Catalog.

**STUDENT NAME (please print below)**

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Billing Name (leave blank if it is the same name as above)

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Street Address

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City State Zip

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

**STUDENT Signature**  
(Required) \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Academic Affairs Authorization Signature**

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Please inform Providence Bible College and Theological Seminary in writing at the address below, or via email ([info@pbcts.edu](mailto:info@pbcts.edu)), of any changes to the billing name, address or payment option. The account must be current for any payment option changes to be made.

This Tuition Payment Agreement will remain in effect as long as the **STUDENT** is enrolled at PBCTS or the **STUDENT** may cancel this Agreement as to any future semester by giving written notice of cancellation to PBCTS not less than one week after the first day of classes for the agreed to semester of the enrollment.

**Please return this completed form to:**

**PROVIDENCE BIBLE COLLEGE AND THEOLOGICAL SEMINARY  
ACADEMIC AFFAIRS OFFICE  
301 GOODE WAY, STE 205  
PORTSMOUTH, VA 23704**