



4425 North Port Washington Road Glendale, Wisconsin 53212 Phone: (414) 326-2330 Fax: (414) 326-2331 www.ccon.edu

ACCOUNT AGREEMENT AND DISCLOSURE STATEMENT (UNDERGRADUATE)

At Columbia College of Nursing (hereafter referred to as "CCON") the payment of tuition and all other applicable fees becomes an obligation at the time of registration. CCON charges by semester with statements sent the first week of August for the fall semester and the first week of January for the spring semester. Semester payments are due accordingly by the first day of class of each semester. Students have 30 days from the billing date to dispute charges to the account. If a student fails to dispute the charges represented on the account in writing within 30 days from the billing date, the account balance shall be considered accurate. Checks returned to CCON for any reason will be added to the student's account balance, along with the returned check fee of \$50.

PAYMENT OPTIONS

Tuition deposits may be required prior to the start of a semester. The student will be notified if a deposit is applicable. They are not subject to the payment plans listed below. CCON offers two options for payment on student accounts.

1. **Payment in full by the first day of school.** Under this plan, the student shall pay all charges due on his/her account by the first day of classes/the first day of each semester. The student will incur no FINANCE CHARGES if he/she is paid-in-full on (or before) the due date. If full payment is not made by the date specified, a FINANCE CHARGE will be imposed on the balance due and the account will be treated as delinquent.
2. **Payment plan.** Four (4) equal monthly payments, plus a one-time set-up fee of \$50 per semester, through a contractual agreement with CCON. Information on this payment plan may be obtained from the Business Office.

Full semester tuition refund policy:

- Week 1 = 100% Refund, Week 2 = 75% Refund, Week 3 = 50% Refund, Week 4 = 25% Refund, Thereafter = No Refund

Summer semester tuition refund policy (based on % of class hours elapsed):

- 0% = 100% Refund, 25% = 50% Refund, More than 25% = No Refund

**Student Mandatory Fees and Charges that are non-refundable include, but are not limited to the following: Student Fee, Application Fee, Graduation fee, Returned Check Fee, Payment Plan Set-up Fee, and Tuition Deposit.*

A student's account is considered paid-in-full only if he/she has a zero or credit balance. If a student adds charges to his/her student account after it is paid-in-full, the account will no longer be paid-in-full status.

If payments are not made in accordance with the terms in the available payment options, the account is considered delinquent and will be subject to a FINANCE CHARGE of 1.5% per month, which corresponds to an ANNUAL PERCENTAGE RATE OF 18%. CCON figures the FINANCE CHARGE on the student's account by applying the periodic rate to the balance of the student's account. The student may pay the new balance in full at any time. If the new balance shown on the monthly statement is paid-in-full before the 15th of the following month, the student will incur no FINANCE CHARGE. If full payment is not made by that date, a FINANCE CHARGE is imposed on the balance of the account.

CCON has the right to take steps to collect the balance including, but not limited to the following: hold on grades, credits, transcripts, participation in registration for the subsequent semester, withholding diploma and statement of graduation, and turning the student's account over to a collection agency to collect the balance due. The student authorizes CCON to release financial information about his/her account and other information useful in verifying the charges on the account to those concerned with collecting the balance owing.

This contract will cover the student's obligations to CCON for as long as the student continues to incur obligations to CCON and/or has an outstanding balance on his/her account. If the student signs more than one payment agreement and disclosure statement, the agreement and statement which was last executed shall control the payment and the student's financial obligations to CCON. This agreement and disclosure statement supersedes all tuition agreements previously signed by the student. CCON reserves the right to change the terms and conditions of the contract prior to registration for any term by sending a notice to the student at his/her last known billing address. The student is responsible for providing CCON with his/her billing address and telephone number. The student agrees to inform CCON of any change in his/her name, address and phone number.

All past due amounts, including such charges as bookstore, special course fees, etc, are subject to a 1.5% per month (18% annual) late payment penalty. Students will not be issued official grade transcripts or permitted to register for succeeding semesters until such time all fees have been paid-in-full. Diplomas and statements of graduation will not be issued unless all fees have been satisfied and exit requirements have been met.

I understand that all students of Columbia College of Nursing are required to be covered under a health insurance plan. I will automatically be enrolled in the Student Health Plan and a premium fee will be assessed to my student tuition account unless a signed waiver form is completed and submitted to the Business Office.

The Federal Truth-in-Lending Act requires complete disclosure of the terms and conditions controlling payment of the student's obligations and the method of calculating any applicable FINANCE CHARGES. To comply with these regulations, CCON requests that the student carefully review the following disclosures, terms, and conditions before signing this agreement. If there are any questions, please call Christina Italiano, Assistant Dean – Business & Administration at 414-326-2306 or via email at Christina.Italiano@ccon.edu.

The undersigned student agrees to pay his/her obligations to Columbia College of Nursing in accordance with the terms and conditions herein set forth.

Print – Student's Name

Date of Birth

Student ID#

Student's Signature

Date

**Please make a copy for your records and return the original to the Administration main office.*