



**ILISAĠVIK
COLLEGE**

Ilisaġvik College
 PO Box 749, Barrow, AK 99723
 Ph. 907-852-3333 Fax 907-852-2652
Student Payment Plan

STUDENT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Message phone: _____ E-mail: _____

PAYMENT SCHEDULE:

Previous semester(s) account balance:

Semester/ Year: _____ / _____ \$ _____

Current semester account balance:

Semester/ Year: _____ / _____

Tuition Fee \$ _____

Registration Fee \$ _____

Technology fee \$ _____

Course/Material/Lab fees \$ _____

TOTAL CURRENT \$ _____

TOTAL \$ _____

PMT#	DUE DATE	AMOUNT DUE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
		\$

PAYMENTS MAY BE MADE IN CASH, CHECK, MONEY ORDER, CREDIT/DEBIT CARDS (Visa/MasterCard).

CARD#: _____ Exp Date: _____ CSC/CVV: _____

Cardholder Name (print): _____ Cardholder Signature: _____

AGREEMENT:

I have read and understand the information listed above. I also understand that by signing this form, I am financially responsible for any and all charges incurred. I understand that **Ilisaġvik College** is extending short-term credit to me and I agree to repay the amount indicated above by the end of the semester. Failure to do so will result in my account being placed on financial hold. In addition, I understand that grades, transcripts, certificates, CPR cards and NSTC cards will be withheld as long as my account is in financial hold status. I also understand that I will be (1) denied participation in graduation ceremonies as long as my account is in financial hold status, and (2) prevented from registration for future classes until my account is paid in Full.

Student's Signature

Date

If you have questions, please contact the Business Office:

(907) 852-1834

e-mail: arian.austria@ilisaġvik.edu

Approved: _____
 Initial Date
 Business Office Verified Acct. Information