



**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: joann.unutoa@ilisagvik.edu

Approved: \_\_\_\_\_  
 Initial Date  
 Business Office Verified Acct. Information