

Date Received: ___/___/___ Time Received: ___/___/___ AM / PM Received By: _____ Applicant #: _____

Payment Application

Students are responsible for ALL payments. Lack of payment will result in being dropped from the class immediately and your space will be opened for enrollment.

Student: _____ ID #: _____ SS #: _____

Class #: _____ Class Title: _____ Start Date: _____

Campus: _____ Phone: _____ Phone 2: _____

Email: _____

Reason for requesting a payment plan:

Note: If payment is not made by due date, students will be removed from the roster immediately and there will be no refunds of partial payments, unless student drops two business days prior to the first class meeting.

Student Signature: _____ Date: _____

Tuition: _____ Books: _____ Supplies/Fees: _____ Total Due: _____

Payment Due Dates: Lack of payment results in being dropped from the program.

» 1st payment is due when you enroll; 2nd payment is due

Payment	Date	Amount
1st		
2nd		

»

»

» Drop/Delete Student from Program/Class due to non-payment as of: _____

Con ac A . ho i a ion

I authorize Tulsa Tech to contact me via current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent account(s) or debt I owe to Tulsa Tech or to receive general information. I also authorize Tulsa Tech and its agents, representatives, and attorneys