

Payment Plan

Type of Payment	<input type="checkbox"/> Self Funding <input type="checkbox"/> Student Loans <input type="checkbox"/> Funding Agency** <input type="checkbox"/> Other_____	
	*If you are applying for student loans, please do not answer the rest of the questions. **Indicate name of funding agency: _____	
Payment Method	<input type="checkbox"/> Credit Card on file (visa debit not accepted) <input type="checkbox"/> Wire Transfer (International)	
Select Payment Options	<input type="checkbox"/> Full tuition Payment <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months Discount of \$200 when paid in full * applies to self funded students only	
Payment Schedule	Please select billing date: <input type="checkbox"/> 15th of the month <input type="checkbox"/> 30th of the month *First tuition is due 1 month before class starts	\$

Student agrees that all information provided is accurate and complete. The student will be held responsible for any declined bank payments or charge backs that are incurred against invoiced amounts.

Discrepancies regarding amounts invoiced should immediately be reported to the Financial Supervisor Pardis Pirhadi at pardis@vsoha.com

Student Signature: _____

Date: _____