



VCU Office of Continuing and Professional Education

Incremental Payment Plan Form - 3 Installments

Name (Check box if change of name)

Last	First	Middle
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Date of birth

m	m	/	d	d	/	y	y
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Gender

- Female
 Male

Permanent mailing address (Check box if change of address)

Street		
City	State	ZIP

Email address

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Telephone number

Home
Work

Employer (if employed)

Agency name
Job Title

Race/ethnicity

1. Are you Hispanic or Latino? Yes No
 2. In addition, select one or more of the following categories to describe yourself:

- White
 Black or African American
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Course Code Date(s)

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I request to pay the \$4,995.00 registration fee for the Paralegal Certificate Program using the Incremental Payment Plan.

Schedule for payments:

- Amount due at registration: \$1,700.00
 Amount due 2 months after program start date: \$1,647.50
 Amount due 4 months after program start date: \$1,647.50

Payments can be made by check payable to VCU, or online with a credit card. Instructions for submitting payment online will be included in your confirmation email once this form is processed.

Terms of Incremental Payment Plan:

1. Invoices will not be provided to the participant. The participant is responsible for submitting the payments by the deadlines listed above.
2. Failure to meet payment deadlines will result in the participant being asked to leave the program; no refunds of payments already submitted will be made.
3. Full payment will be due if you choose to drop out of the program after the cancellation deadline.

Failure to complete all sections of this form may delay or prevent processing of your request. By completing this form, you are registering for a noncredit event. The registration will be processed upon receipt. Visit VCU OCPE at ocpe.vcu.edu for course, registration and general information. All registrants must abide by VCU policies found at vcu.edu
I understand I am registering for a noncredit event and accept the terms of the Incremental Payment Plan.

Signature: _____ Date: _____

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