

International Technological University

2711 North First Street - San Jose, CA 95134
Phone (888) 488-4968
www.itu.edu

INSTALLMENT PLAN PROMISSORY NOTE

3tuuciit id # i	Last Name.	riist Name	
Term: □ Fall (Year) □ Spring	_(Year) □ Summer(Year)	
understand and agree that International	al Technological University is pro	International Technological University providing educational services oviding me educational services for which I am required to pay for at a lat loan as that term is used and defined in 11 U.S.C.	
I, (the student), promistotal amount of \$	e to pay International Technolog to be paid in three monthly i	gical University (the "University"), located at San Jose, California, the installments.	
The first installment of \$1,650 plus all f and payable upon registration of courses		ministrative Fee of \$100, totalling \$ will be due	
The second installment of \$	will be paid on	(Check #_)
And the last installment of \$	will be paid on	(Check #	
I will make payments to the International above on the day of my registration.	Technological University by givin	g the University post-dated checks dated on the due dates specified	
 I must notify the University whe I authorize the University, the Dincluding repayment of my loa 	epartment and their respective a	gents and contractors to contact me regarding my loan request or my loan(se number that I provide for my cellular number or other wireless device	s),
My cellphone number is			

II. EARLY REPAYMENT

Ctudost ID #

Please note that there is a \$50 fee for switching payments, unless one of the following situations applies:

- 1) You are clearing your entire Installment Plan balance due to adding an internship course, or
- 2) You are enrolled in an Installment Plan with 3 installment payments, and you are clearing your entire Installment Plan balance before the second installment due date.

III. PENALTY CHARGE

- 1) If I fail to make a timely payment of all or any part of the scheduled installment, the University may elect to add a late charge to the outstanding balance. The University will inform the student of the assessed charges.
- 2) If the check I present was bounced, returned check charges will be handled according to the school-wide policy and I forfeit the option of paying with check and by installment for the rest of my time at International Technological University.

IV. DEFAULT

- 1) If I fail to make payment of any installment of principal or interest due, the entire debt shall, at the option of the University, become immediate due and payable. I further agree to pay all attorney fee and other reasonable collection cost, fees and charges necessary for the collection of any amount not paid when due.
- 2) If I default on this Note, the University may disclose that I have defaulted, along with other relevant information to credit bureau organizations.

V. REFUNDS AND ADJUSTMENTS

- 1) The Note must be paid in full even if I subsequently withdraw from any or all classes.
- 2) All refunds and adjustments will be applied to any outstanding debts owed to the University and will be made only after strict compliance with the withdrawal procedure as published in the current University Bulletin or website.

VI. ENROLLMENT, TRANSCRIPTS, AND DIPLOMA

Failure to make payments of any indebtedness to the University when due, including but not limited to tuition, laboratory fees and library fees, is considered sufficient cause for the University to:

- 1) withhold diploma, scholastic certificate, or transcript of record;
- suspend or terminate the student; and
- 3) prevent the student from receiving other university services.



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INSTALLMENT PLAN PROMISSORY NOTE (continued)

Student ID #:	Last Name	:	First Name:	
Term: □ Fall	(Year) 🛮 Spring	(Year) 🛮 Summer	(Year)	
parties to this agi	, ,	the applicable court) in the l	Jnited States of America in (other legal action involving the the applicable state). I hereby
I certify that I have Older)	read and agree to the terms	and conditions of this Note. I	warrant that I am currently o	f legal age (18 years or
STUDENT'S SIGNA	TURE:	DATE: _		
WITNESS BY:		DATE: _		
(Staff member's signa	ature)			