



Financial Cost Estimate Evaluation Form (4 Pages)

STUDENT NAME _____

DATE _____

ADDRESS _____

Tel. No. _____ Cell No. _____

E-mail _____

Method of payment: Full payment () Installment payment ()

Program Entry Title _____

SEMESTER: Year/Date _____

1. Program Tuition Cost \$ _____

2. Subject Tuition Cost - Number of Subjects () Total Credits ()

• \$45.00 per Undergraduate credit hour \$ _____

• \$65.00 Graduate Credit Hour \$ _____ \$ Audit Non-Credit () \$ _____

3. Transfer Credit Fee Cost (Credit transfer) at \$ _____ ea. \$ _____

4. Supervision Fee Cost \$ _____

5. Certificate Fee \$ _____

6. Diploma Fee \$ _____

7. Degree Title and Fee \$ _____

8. Seminary Transcript Fee \$ _____

9. Textbook Cost \$ _____

10. Miscellaneous Charges \$ _____

11. Graduation Fee \$ _____

* GRAND TOTAL CHARGES (ABOVE) \$ _____

12. 10% Discount on Tuition Only (if approved) \$ _____

13. NEW GRAND TOTAL \$ _____

14. Required 25% Down Payment on start \$ _____

15. Balance after down payment \$ _____

16. Monthly Payment Plan: _____ divided by number months (____) for a total of

\$ _____ Per Month (plus \$ 8.50 Administration Fee - Per Month) for a Total of

\$ _____ @ _____ Months

PAYMENT SUMMARY FOR ENTRY TO SEMINARY:

1. 25 % Down Payment \$ _____

2. Yearly Registration Fee \$ _____

NOTE: Textbook or Notes for the courses are additional to the above payments and fees

Approximate Cost is \$ _____

TOTAL PAYMENT DUE AT REGISTRATION \$ _____

REFUND POLICY: A refund may be given as follows:

- With in 3 days from enrollment and prior to the first class a refund for tuition only of 100%
- With in the first 10 days from start a refund on tuition of 90 %
- Day one of start to the 14th day a refund on tuition of 80%
- The 14th day and up to the 21st day a refund on tuition of 70%

THERE IS NO REFUND FOR THE FOLLOWING

- * No refund for application or registration for any semester
- * No refund after the 21st day of registration for tuition
- * No refund for purchase of textbooks, seminary notes or materials

STUDENT AGREEMENT and APPROVAL BELOW

I _____ (PRINT NAME) agree to the financial cost estimate and contract and approve of the cost, and hereby agree to enter into education through NYC Full Gospel Theological Seminary programs - as indicated in this estimate proposal.

STUDENT SIGNATURE _____

DATE _____

NOTARY WITNESS:

Sworn to and subscribed before me this _____ day of _____, 20____.

My Commission Expires

Notary Signature and State

NYC FULL GOSPEL THEOLOGICAL SEMINARY
7077 LONE OAK BLVD. NAPLES, FL 34109
(239) 596-8681 Tel/ Fax