

Student Name: _____

Please check to make sure you have calculated your tuition total correctly:

TUITION AND FEES, FALL 2020		
Courses @ \$750	# x \$750	
PT 490 – first two semesters	\$275	
PT 490 – third semester and subsequent semesters	\$325	
PT 527 Directed Research (six 50-minute sessions)	\$750	
PT 611(12) Meets weekly 30 minutes per student	\$450	
PT 2612 (six classes)	\$400	
Registration Fee	\$100	
Extended Payment Plan – two checks	\$15	
Extended Payment Plan – three checks	\$30	
Extended Payment Plan – four checks	\$45	
Extended Payment Plan – five checks	\$75	
Late Payment Fee (after September 4, 2020)	\$150	
Student Association dues (optional)	\$15	
	Total	

- ✓ Photograph *all checks and email* with this completed form to registrar@cmps.edu
- ✓ Post-date and submit *all checks* by US Mail to CMPS/Registrar, 16 W. 10 St., New York, NY 10011-8707, postmarked no later than September 4, 2020.
- ✓ *Checks are made out to CMPS.*
- ✓ The five checks must be roughly equal in amount, but **rounded off to the nearest five dollars**, e.g. \$4305= \$850+\$860+\$870+\$900+\$825.

Payment 1 due	September 4, 2020	check #	Amount:
Payment 2 due	October 1, 2020	check #	Amount:
Payment 3 due	November 1, 2020	check #	Amount:
Payment 4 due	December 1, 2020	check #	Amount:
Payment 5 due	January 1, 2021	check #	Amount:
Total amount:			

By signing below, I agree to the terms of the Extended Payment Plan stated above.

Signature: _____ Date: _____