

ID# _____

Date _____

Name _____ Phone _____

Address _____

City/State _____ E-Mail _____

In order for a student to register with an AR hold this form must be completed and approved prior to the first day of the term. This form will be used for extenuating circumstances only.

The following is for internal use and must be filled out and accompany the paper registration form.

Department	Balance Due	Payment	Date	Comments
<i>Current Tuition and Fees</i>				
<i>Anticipated Tuition and Fees</i>				
<i>Anticipated Room and Board</i>				
<i>Other</i>				
<i>TP payments Anticipated</i>				
<i>Financial Aid Anticipated</i>				
<i>Veteran Funds Anticipated</i>				
<i>Total</i>				

Total Cash Payment required by Student to Register: _____

Payment Plan to Register for classes

Term / Year	Balance Due	Payment Amount	Payment Due Date	Comments

This signed agreement states that you agree to pay the outstanding balance on your account in monthly installments. Payments are due by 1st or the 15th of each month.

Failure to make your payments by the due dates will result in late fees and your account being sent to collections. Once an account is sent to collections a collection fee is added to the outstanding balance increasing your balance due. Treasure Valley Community College will not release transcripts with an outstanding account balance.

Student's Signature: _____ Date: _____

Approved **Denied** **Denial Letter Mailed** **Notepad**

Date Processed _____ **Business Office** _____