Deewan Institute for languages and Cultural Studeis

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PAYMENT AGREEMENT FORM

Student's Name:		_	
E-mail:			
Study plan: Month* 1-1/2-1	Colloquial/MSA hours	per week (hours total)	
Plan dates: DAY MONTH YEA	R - DAY MONTH YEAR		
Payments			
Full tuition balance:	OD**		
1 st Payment:	Due by:		
2 nd Payment:	Due by:		
 I agree to make all my pays Penalty and Late fee. If I falate fee of 3% on each instawill be accumulating until the my account starting from the installment fee and weeker Notice. After 1 week of accepenalty and late fee realiza Lose eligibility for payment then I will not be eligible for Readmission withholding. I for future classes until I fulf terms and conditions. I understand all sessions me MONTH YEAR) or I lose the classes. *4 weeks per month **total does not include any additional credit car 	ments by the due dates mill to pay the full due amorallment payment that is done day I pay the total due to day following the due conds and holidays are cour ount delinquency I will be tion. I plan. If I fail to pay my intranother payment plan. If I have any outstanding the fill my obligation. I agree a fust be completed within the hours. This additional total, PayPal, or bank transfer fees	ount on or before the due date, I agree to pay a delinquent. I understand that this late fee of 3% es. This penalty and late fee will be added to date. Late fee will only apply to the tuition and	'n,
Director name & Signature:		Date:	