

**Cleveland Psychoanalytic Center
 Psychoanalytic Psychotherapy Program
 Student Financial Agreement
 September 2019-May 2020**

The contemporary adult Psychoanalytic Psychotherapy Program is a one year certification program. The student's commitment is from September of 2019 through May of 2020.

Tuition & Materials	\$1250 per program year
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Tuition is due in full at the beginning of the program year, in September, or students may commit to one of the following payment schedules, payable on the 15th of each month listed, unless otherwise noted.

Number of Payments per year	Payment Amounts	Payment Dates per Year
1	\$1,250.00	September
2	\$625.00	September & January
4	\$312.50	September, November, January and March

Supervision fees are negotiated directly with the supervisor, and payment is made to the supervisor.

The entire tuition must be paid in full by the end of the program year. Failure to make payments in a timely manner will jeopardize the student's continued participation in the program.

In the unlikely situation that a student believes he/she must withdraw from the program for an extreme medical or personal reason, the student is asked to discuss the situation with the Program Coordinator. If withdrawal from the program becomes absolutely necessary, the student is liable for pro-rated tuition for the period of time attended, plus a processing fee of \$250. In the case of tuition paid in advance, the student will receive a pro-rated refund based on the date of withdrawal, less the processing fee.

Credit card information can be kept on file and payments charged automatically. Students who do not use the credit card payment option will be invoiced for their periodic payments.

Payments by Check **OR** Credit Card (Visa-Mastercard-Am.Express-Discover) **OR** Cash

Payment Frequency _____ Due by the 15th of each billing month.

_____ **OR** _____
Card Number (must be in student's name) **Expir. Date** **CSC Number** **Check Number**

I understand that I am making this commitment from September 2019 through May of 2020 and agree to pay all fees through that time.

Student Name (please print) **Student Signature** **Date**

Program Coordinator's signature **Date**