



Florida Academy of Medical Aesthetics

Student Payment Plan Agreement

Participants in the Student Payment Plan are required to complete their entire financial obligation prior to graduation.

I, _____, student id _____, hereby
Student's Name Orchid Id

promise to pay to order of Florida Academy of Medical Aesthetics (FAMA) \$ _____ for
Deferred Amount

charges deferred for the program of studies I have signed up for.

PROGRAM COST:

Program Name	Program Total Cost	Deposits/Payments	Deferred Amount

DEFERRED PAYMENT SCHEDULE:

	Amount	Due Date
First Payment		
Second Payment		
Third Payment		
Fourth Payment		
Fifth Payment		
Sixth Payment		
Seventh Payment		
Eighth Payment		

By signing this agreement, I certify that I read and agree with the terms and conditions of the payment terms outlined within. **I further understand if the above payments are not paid as specified, I will be withdrawn from my program and I must re-register to be considered active again.**

Student Signature

Date