

In the name of the Most Beneficent, The Most Merciful

Dar-us-Salaam Tuition Plan & Schedule

∞ 5301 Edgewood Road ♦ College Park, Maryland 20740 ♦ (301) 389-0108 ☞
Fax (301) 982-2325 ♦ programs@darussalaam.org ♦ www.darussalaam.org

Part-time Hifz Financial Policies

Tuition Fee for year:

\$580/year (October-June)

If you choose to make monthly payments, please
break up payments accordingly:

October & November (combined): \$90

December- May: \$75/month

June: \$40

Refund Policies

Withdrawal notice must be received in writing.

In order to successfully withdraw, withdrawal notifications must be submitted on or before the 15th of any given month for it to be effective for the following month. For example, if you plan to withdraw in December, notification must be given by November 15th.

Payment Plan Policies

If a Payment Plan is being arranged please note that payment arrangements must be made for the whole year. Two forms of payment will be accepted in this case:

- Postdated checks can be written for the whole semester
- Credit card/ debit card charges must be arranged for specific dates throughout the semester

No cash will be accepted for payment plans.

Credit Card Charge Authorization Form

Name Appearing on the Credit Card: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

- I hereby authorize Dar-us-Salaam to charge my credit card for _____ payments in the amount of \$ _____ each time.
- I understand that the Credit Card Charge Authorization will remain in effect on an ongoing basis until the tuition fees agreed upon in the contract have been paid in full.
- Please include a copy of your credit card, front and back

Please provide the following information about your Credit Card:

Credit Card Type (VISA, MasterCard, AMEX, Discover): _____

Credit Card Number: _____ Expiration Date: _____

By signing below I acknowledge that I have read, and understood this form and that I authorize charges to my credit card of a specified amount from my account for deposit into Dar-us-Salaam's account until my obligation of paying the agreed upon tuition fees of \$ _____ has been met.

Authorized signature

Date

Print complete name

Office Use: Completed _____ Received ___/___/___ Missing _____
Incomplete _____