



ST. JOSEPH'S COLLEGE OF NURSING

at St. Joseph's Hospital Health Center

PAYMENT AGREEMENT FORM

Student: _____

Date: _____

Semester/Term: Fall 2017

PAYMENT ARRANGEMENTS – there is a \$75 fee to delay payment for balances over \$1000 and a \$25 fee for balances under \$1000.

Payment for tuition, fees, and room must be made to the Bursar's Office on or before the due date prior to the start of classes. At that time, payment is expected in full unless the student has received notification of financial aid to cover their tuition bill. Cases where the student wishes to make payment arrangements will be reviewed on a case-by-case basis. In these cases, 25% of the bill must be paid on or before the due date prior to the start of classes; the balance must be paid by the agreed upon terms below. Payment Agreement Forms must be in place prior to the initial payment due date.

All students who wish to make payment arrangements must complete the Free Application for Federal Student Aid, and the Express TAP Application. These applications, along with all required documentation, must be submitted to the Financial Aid Office at St. Joseph's College of Nursing.

The student and co-signer both understand that each payment is due on or before the due date listed. If full amount due is not paid on or before the due date listed, the student and co-signer both understand that a \$75 Late Fee will be added to the amount due for that payment date. If payment including late fee is not received within two weeks from the due date, the student will not be allowed to take final exams, register for future classes or attend class or clinical until full balance owed for the semester has been paid in full, including any applicable late fees.

Amount due: _____

Due Date: August 4, 2017

Amount due: _____

Due Date: September 15, 2017

Amount due: _____

Due Date: October 13, 2017

Amount due: _____

Due Date: November 14, 2017

Amount due: _____

Due Date: December 15, 2017

Student's Signature: _____

Date: _____

Parent's Signature (Dependent Students Only): _____

Date: _____

Authorized School Official: _____

Date: _____



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SAMPLE

For Balances over \$1000

Balance x 25% due August 4, 2017

$((\text{Balance} \times 25\%) + \$75) \div \# \text{ of remaining payments due on or before remaining payment due dates}$

Example:

Balance = \$2500

$(\$2500 \times 25\%) = \625 on or before August 4, 2017

$((\$2500 - 625) + \$75) \div 4 = \$487.50$ due on or before remaining payment due dates

For Balances under \$1000

Balance x 25% due August 4, 2017

$((\text{Balance} \times 25\%) + \$25) \div \# \text{ of remaining payments due on or before remaining payment due dates}$

Example:

Balance = \$800

$(\$800 \times 25\%) = \200 on or before August 4, 2017

$((\$800 - 200) + \$25) \div 4 = \$156.25$ due on or before remaining payment due dates