

**Planning Your Budget**-To assist you in planning your budget prior to receiving your semester bill, the following are the Spring 2013 *estimated* billed costs.

Costs are subject to change	NY Residents	Non-NY Residents
Tuition & Fees	\$ 3500.00	\$ 8150.00
Room & Meal Plan	5495.00	5495.00
Insurance Fee	1007.00	1007.00
<b>Total Estimated Semester Charges</b>	<b>\$10002.00</b>	<b>\$14652.00</b>

Adjust the above amounts if course fees, single room, or commencement fees apply. When calculating your budget, we realize you may not be aware of all the financial aid available to you for the coming semester. For this reason, you may change your plan when more information becomes available. Your remaining payments will then be adjusted. Note: Books, supplies and personal expenses cannot be included. For additional cost information visit:

<http://www.cobleskill.edu/admissions/student-accounts/>

### Terms & Conditions....

- Enrollment.** Sign and return a completed application to the address listed. Application must include down payment and adequate payments according to your application date plus the \$45.00 application fee.
- Plan Amount/Payments.** The semester plan is payable with a down payment equal to at least 1/5 of the total plan amount and then four (4) equal installments due the 15<sup>th</sup> day of each month beginning in November. All payments made through the Monthly Payment Plan will be credited directly to the student's bill. Refunds will be handled through normal college refund procedures.
- Fees and Other Charges.** The \$45.00 application fee is non-refundable. The college will assess a \$20 service charge for any returned checks. The college will assess a \$50 late fee for any payment received after the due date. Any fees assessed will be added directly to your balance.
- Failure to Pay.** In the event of failure of a participant to pay any installment amount within 15 days of the due date, enrollment in the Monthly Payment Plan will be terminated and any remaining balance on your account will be due in full.
- Required Down Payment:**

#### If Payment Plan Application Date

November 15<sup>th</sup> and earlier  
 November 16 to December 15  
 December 16 to January 15  
 January 16 to February 15

#### Down Payment and Payments Required

down payment plus \$45 application fee  
 down payment plus \$45 application fee and December 15<sup>th</sup> payment  
 down payment plus \$45 application fee and December and January payments  
 down payment plus \$45 application fee and December, January & February payments

### Student Information

ID# _____		
_____		
Last Name	First Name	
_____		
Address		
_____		
City	State	Zip Code
_____		
Phone:(home)	Phone: (work, cell)	
_____		

### Parent Information (if applicable)

_____		
Last Name	First Name	
_____		
Address		
_____		
City	State	Zip Code
_____		
Phone :(home)	Phone: (work, cell)	
_____		

**Here's How to Calculate Your Monthly Payment ....note: you apply for financial aid/loans yearly, but you are billed by the semester**

Billed Semester Costs - (from above chart)	
Tuition & Fees	\$ _____
Room & Meal Plan	\$ _____
Insurance Fee	\$ _____
<b>Total Semester Expenses</b>	\$ _____

Credits – (Awarded financial aid for Spring semester)	
Tap	\$ _____
Pell	\$ _____
Perkins	\$ _____
EOP/SEOG	\$ _____
Federal Loans	\$ _____
(Stafford- less 1.0% origination fee) (PLUS less 4.0%)	
Other Credits	\$ _____
<b>Total Semester Credits</b>	\$ _____

- A) Semester amount Needed for Plan - **Total Expenses less Total Credits** \$ \_\_\_\_\_
- B) Monthly payments (line A divided by 5, first payment is down payment) \$ \_\_\_\_\_
- C) Application Fee \$ 45.00
- D) Total Enclosed (Line "B" times # of payments required & down payment & \$45 fee) \$ \_\_\_\_\_  
 (Credit/Debit card, Master Card, Visa or Discover, information may be called in)

Mail to: SUNY Cobleskill Students Accounts Office 106 Suffolk Circle Cobleskill, New York 12043 (fax 518-255-5844, phone **518-255-5539**)  
 I, the undersigned, hereby apply for enrollment in the SUNY Cobleskill Monthly Payment Plan. By placing my signature below, I acknowledge I have and will be required to comply with the terms and conditions of the Monthly Payment Plan as set forth.

\_\_\_\_\_  
 Student or Parent/Guardian Signature Date