

**Planning Your Budget**-To assist you in planning your budget prior to notice of your semester bill, the following are the SPRING 2015 estimated billed costs.

Costs are subject to change	NY Residents	Non-NY Residents
Tuition & Fees	\$ 3978.50	\$ 9049.00
Room (regular double rate) & Meal Plan	6364.00	6364.00
Insurance Fee (www.cobleskill.edu/wellness)	864.00	864.00
<b>Total Estimated Semester Charges</b>	<b>\$11206.50</b>	<b>\$16277.00</b>

Adjust the above amounts if you: have fees associated with a class(course fee), a room charge other than double room, will be removing voluntary fees or if 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 as shown below. 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<sup>th</sup> to December 15<sup>th</sup>  
December 16<sup>th</sup> to January 15<sup>th</sup>  
January 16<sup>th</sup> to February 15<sup>th</sup>

**Down Payment and Payments Required**

down payment plus \$45 application fee  
down payment plus \$45 application fee and December payment  
down payment plus \$45 application fee and December & January payments  
down payment plus \$45 application fee and December, January and 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***

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

Semester Credits – (Awarded financial aid for SPRING semester)	
Tap	\$ _____
Pell	\$ _____
Perkins	\$ _____
EOP/SEOG	\$ _____
Federal Loans	\$ _____
(Federal loans less origination fee)	\$ _____
Other Credits	\$ _____
<b>Total Semester Credits</b>	<b>\$ _____</b>

- A) Semester amount Needed for Plan - **Total Billed Costs 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:** SUNY Cobleskill Students Accounts Office 106 Suffolk Circle Cobleskill NY12043, **fax:** 518-255-5844, **email:** studentaccounts@cobleskill.edu.  
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 Signature

Date

Parent/Guardian Signature

Date