

CSUSB INSTALLMENT PAYMENT PLAN AGREEMENT FOR TUITION AND FEES

Student Accounts Fax# (909)537-7607

**DOES NOT INCLUDE INTERNATIONAL STUDENTS
(Three Installment Payment Plan)**

NAME: _____ TERM: Winter 2015

MyCoyote ID#: _____ DL#: _____

In accepting this installment payment plan agreement I understand and agree to all of the following terms for the current quarter: that I am an admitted student for the current quarter and understand that this does not guarantee my enrollment in any classes. In order to be set up on the plan I must turn in a contract and make my first payment.

LAST DAY TO APPLY FOR THE PLAN IS January 9, 2015

1ST PAYMENT: 1/3 of your tuition and fees & the IPP fee of \$22
DUE December 05, 2014 OR YOUR CLASSES MAY BE DROPPED

2ND PAYMENT: 1/3 of your tuition and fees (may also include a portion of course, late registration, professional and/or non-resident fees)
DUE January 05, 2015

3RD PAYMENT: 1/3 of your tuition and fees (may also include a portion of course, late registration, professional and/or non-resident fees)
DUE February 05, 2015

*** ALWAYS CHECK YOUR MYCOYOTE ACCOUNT FOR THE MOST UP TO DATE AMOUNTS DUE.**

PAYMENTS: Payments may be made in person at the Bursar's Office UH 035, on-line on MyCoyote's home site under [SB Make Payments](#), or mailed to the University; **payments must be received by the due date specified above.** The mailing address for payments is CSUSB Bursar's Office UH 035, 5500 University Parkway, San Bernardino, CA 92407-2397.

* The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees, without notice, until the date when instruction for a particular semester or quarter has begun. All CSU listed fees should be regarded as estimates that are subject to change upon approval by The Board of Trustees.

DELINQUENT PAYMENT PENALTIES: If any installment payment is not received by **the payment due date**, all services, **including, but not limited to, registration**, provision of grades and transcripts, and graduation, will be withheld by CSUSB until I pay the amount due. If any payment is not received by **the payment date**, I agree to pay a **\$25.00 missed deadline fee for each missed payment**, and my payment will be counted as delinquent. I authorize CSUSB to pursue collection activities to collect any past due amount, including referral of my agreement to a collection agency and to a credit bureau organization, and to the release of information concerning the past due amount when necessary to collect the delinquency. I agree to pay reasonable collection costs including court costs and attorneys' fees.

REFUND POLICY: If I officially withdraw from CSUSB after the last day to drop classes as published in the Schedule of Classes, I agree to continue to pay all installment payments by the contracted due dates and will not be eligible for a refund of any fees paid. If I officially withdraw from CSUSB **on or before** the last day to drop classes as published in the Schedule of Classes, I will receive a prorated refund of applicable fees in accordance with the refund policy published in the Schedule of Classes, and I will not be required to pay any further installment payments.

THE \$22.00 INSTALLMENT PAYMENT PLAN PROCESSING FEE IS NON-REFUNDABLE. Failure to meet the payment deadline may cause your registration to be canceled.

FINANCIAL AID: If Financial Aid is received subsequent to the signing of this contract, I agree to continue to make installment payments on or before the date printed above, or, at the time Financial Aid, funds are disbursed whichever dates occurs first. I understand that my installment payments are due at the time of my first Financial Aid disbursement, if payment has not already been made. **I understand that an award of financial aid does not cancel my installment payment obligation.**

By signing below, I accept this Installment Payment Plan Agreement and agree to all of the foregoing provisions.

Signature: _____ Date: _____

Address: _____

Authorized Staff Signature: _____ Date: _____