SUNY Cobleskill

Spring 2014 Semester – Monthly Payment Plan Application

Student Accounts
518-255-5539

*Planning Your Budget-*To assist you in planning your budget prior to notice of your semester bill, the following are the Spring 2014 *estimated* billed costs.

Costs are subject to change	NY Residents	Non-NY Residents
Tuition & Fees	$ 3640.00	$ 8365.00
Room & Meal Plan	5866.00	5866.00
Insurance Fee (www.cobleskill.edu/wellness)	967.00	967.00
Total Estimated Semester Charges	**$10473.00**	**$15198.00**

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….

1. **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.
2. **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 15th 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.
3. **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.
4. **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.
5. **Required Down Payment:**

If Payment Plan Application Date	**Down Payment and Payments Required**
Nov 15th and earlier	down payment plus $45 application fee
Nov 16 to December 15	down payment plus $45 application fee and December payment
Dec 16 to January 15	down payment plus $45 application fee and December & January payments
January 16 to February 15	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	$_____
Total Semester Expenses	$_____

Credits – (Awarded financial aid for Spring semester)

Tap	$ _____
Pell	$ _____
Perkins	$ _____
EOP/SEOG	$ _____
Federal Loans	$ _____
(Stafford- less 1.051% origination fee) (PLUS less 4.204%)	
Other Credits	$ _____
Total Semester Credits	$ _____

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: 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 or Parent/Guardian Signature   Date