

TUITION LOAN AGREEMENT

COLLEGE OF SOUTHERN IDAHO

I _____, promise to pay the College of Southern Idaho,
 \$ _____, for SUMMER 2017.
 (Total Due from box 5)

1	Tuition & Fees (Less pending financial aid)	\$ _____		
2	Tuition Loan Agreement Processing Fee (non-refundable)	\$50.00		
3	Total:	\$ _____		
	Payment Due Date	Amount	Total	Date Paid
	June 9, 2017	(1/2) \$ _____	\$ _____	
	July 7, 2017	(1/2) \$ _____	\$ _____	
	Total:			

❖ Please initial each section verifying that you have read and understand the terms of this loan agreement.

- _____ **Personally responsible** - I owe the full amount of the loan and am personally responsible for making the above payments. If I fail to make the scheduled payment by the above due dates, I will be assessed a \$75 late fee for each late payment, I will not be allowed to register for additional classes or for future semesters unless the balance owed is paid in full.
- _____ **Financial Aid** - If I receive Financial Aid or other financial assistance, I understand that the College may use those funds to reduce or pay off the balance of my loan before I receive any money from such aid.
If I "do not" receive Financial Aid I understand that I am personally responsible for making the payments due on my account according to the above schedule.
- _____ **SALT** - I will/have completed the Student Loans & Budgeting Lessons on Money 101 through SALT. www.csi.edu/financialAid/salt.asp
- _____ **Failure to Pay** - I understand that if I fail to make an arranged payment, the College can require immediate payment of the entire balance along with late fees. The College may refer the account to an outside collection agency. If the College does place my account in the hands of a collection agency an additional 33% of the outstanding balance will be added to my account. The College will not issue transcripts and reserves the right to withhold my grades, diplomas, subsequent registration, housing assignments, etc., until my account is paid in full.
- _____ **I understand that for a 100% refund or to not owe for Session III, I must drop the class prior to the start date. After the course starts, there is no refund. The last day for refund for Session I is Friday, June 9. The last day for refund for Session II is Wednesday, June 7.**

Name _____

CSI Student ID# _____

Address _____

(City, State, Zip) _____

Date _____

Phone (_____) _____

I agree to the above terms and conditions: Signature: _____

CSI Approval _____	Date: _____
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