

# TUITION LOAN AGREEMENT

## COLLEGE OF SOUTHERN IDAHO

I \_\_\_\_\_, promise to pay the College of Southern Idaho, \$ \_\_\_\_\_, for FALL 2010 TUITION. Payments will be made according to the following schedule and final payment must be made by 5:00 pm November 12, 2010.

<u>Payment Due Date</u>	<u>Amount</u>	<u>Date Paid</u>
SEPT 10 ,2010	(1/3) \$ _____	
OCTOBER 12, 2010	(1/3) \$ _____	
NOVEMBER 12, 2010	(1/3) \$ _____	

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

- Personally responsible - I understand that I owe the full amount of the loan and am personally responsible for making the above payments. I also understand that I will not be allowed to register for additional classes that generate fees or for future semesters unless the balance owed is paid in full.
- Financial Aid - In the event 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 of the 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.**
- Processing Fee - I understand that I must pay a non-refundable \$50 processing fee in advance before the College will grant me any extension of time for paying my fees.
- Dropped for non-payment - I understand that if I fail to make the scheduled payment by the above due date I will be dropped without notice and my account balance along with any reinstatement or additional fees will become immediately due. I also understand that if the College does drop me for non-payment I am still responsible for paying any balance due on my account.
- Financial Holds - I understand that the College will not issue transcripts and reserves the right to withhold my grades, diplomas, subsequent registration, housing assignments, payroll checks, etc., if my account has an outstanding balance.
- Failure to Pay - I understand that if I fail to make an arranged payment, the College can require immediate payment of the entire balance. I understand that the College may refer the account to an outside collection agency. I understand that 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 LAST DAY FOR 100% REFUND OR TO WITHDRAW AND OWE NOTHING FOR FALL TERM IS 9-10-10. IF I WITHDRAW OR AM WITHDRAWN BY FACULTY OR STAFF AFTER THAT DATE I WILL STILL OWE IN FULL.**

	Amount
Tuition	
Loan Agreement Fee	\$ 50
Initial Payment	( )
Total Owed	

I am enrolled in \_\_\_\_\_ credits \_\_\_\_\_ initials

Please print clearly:

Name \_\_\_\_\_

Address \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

CSI Student ID#: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to the above terms and conditions: Signature: \_\_\_\_\_

CSI Approval \_\_\_\_\_

Date: \_\_\_\_\_