

TUITION LOAN AGREEMENT

COLLEGE OF SOUTHERN IDAHO

I _____, promise to pay the College of Southern Idaho,
 \$ _____, for _____ credits.
 (Total Due from box 3)

STEP 1

1	Student Account Balance (Can be found on My CSI)		\$
2	Processing Fee	\$50.00	+
3		Total:	\$

STEP 2

	Payment Due Date		Amount	Total	Date Paid
	June 12, 2020	(1/2)	\$ _____	\$ _____	
	July 10, 2020	(1/2)	\$ _____	\$ _____	
	Total:				

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

STEP 3

_____ **Personally responsible** - I owe the full amount of the loan and am personally responsible for making the above payments. **If I add or drop a class I am responsible to submit a new loan agreement.** 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, or my awards are adjusted, I understand that I am personally responsible for making the payments due on my account.**

_____ **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.

_____ **THE LAST DAY TO RECEIVE A 100% REFUND (MINUS TUITION LOAN AGREEMENT FEE) OR DROP CLASSES FOR SUMMER SEMESTER IS 6-14-20.**

Name _____ CSI Student ID# _____

Address _____ Date _____

(City, State, Zip) _____

Phone (_____) _____

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

CSI Use Only	
Financial Aid amount at time of signing _____	
CSI Approval _____	Date: _____