



TUITION PAYMENT PLAN

I, _____, promise to pay the College of Southern Idaho,
 \$ _____, for _____ credits.
 (Total Due from box 4)

STEP 1

1	Student account balance (May be found on MyCSI)	\$	
2	Out of District Tuition last day Counties will accept form, April 30th	-	
3	Processing fee (Waived if form and first payment are submitted by 1/15/24)	\$50.00	+
4	Note: Form may be submitted by email to <i>studentaccounts@csi.edu</i>	Total:	\$

STEP 2

Payment Due Date	Amount	Total Paid	Date Paid
January 26, 2024 (last day to submit plan)	(1/3) \$	\$	
March 1, 2024	(1/3) \$	\$	
March 29, 2024	(1/3) \$	\$	
March 29, 2024, Out of District Tuition (if CSI has not received an approved Certificate)	\$		
Semester Total:	\$		

STEP 3

❖ **Please initial each section** verifying that you have read and understand the terms of this payment plan.

_____ **Personally Responsible** – I understand that I owe the full amount of the plan and I am personally responsible for making the above payments. **If I add or drop a class, I am responsible for submitting a new payment plan.** 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 Assistance** – 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 account. **If I “do not” receive Financial assistance I understand that I am personally responsible for making the payments due on my account according to the above schedule.**

_____ **Out Of District Tuition**- I understand that I am required to fill out a certificate of residency every academic year if I am considered an out of district student. I will be held responsible for the out of district portion of my tuition cost until an approved certificate has been received by the college from the appropriate county and a hold will be placed on my student account. Not required for residents from the counties of Ada, Bonneville, Canyon, Jerome, Kootenai, or Twin Falls.

_____ **Failure to Pay** – I understand and accept that if I fail to pay my student account bill or any monies due and owing the College of Southern Idaho by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, the College of Southern Idaho may refer my delinquent account to a collection agency. If the College does place my account in the hands of a collection agency an additional fee of 33% of the outstanding balance will be added to my account and I understand I am responsible for the collection fee as well as all additional costs and expenses, including reasonable attorney’s fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus. The College will not issue transcripts and reserves the right to withhold my grades, diplomas, subsequent registration, etc., until my account is paid in full.

_____ **THE LAST DAY TO RECEIVE A 100% REFUND (MINUS PROCESSING FEE) OR DROP CLASSES FOR SPRING SEMESTER IS 1/21/24. IF I WITHDRAW AFTER THIS DATE, I UNDERSTAND I WILL STILL OWE IN FULL.**

Name _____ CSI Student ID# _____
 Address _____
 (City, State, Zip) _____ Date _____
 Phone _____

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

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