

ST. JOSEPH'S COLLEGE OF NURSING

at St. Joseph's Hospital
Syracuse, NY

Student: _____

Date: _____

Semester: _____

PAYMENT ARRANGEMENTS – there is a \$75 fee to delay payment

Payment for tuition, fees, and room must be made to the Bursar's Office prior to the beginning of classes. At that time, payment is expected in full unless the student has received notification of financial aid to cover their tuition bill. Cases where the student wishes to make payment arrangements will be reviewed on a case-by-case basis. In these cases, **half the tuition must be paid prior to the beginning of classes**; the balance must be paid by the **end of the eighth week of classes**.

All students who wish to make payment arrangements must complete the Free Application for Federal Student Aid, and the Express TAP Application. These applications, along with all required documentation, must be submitted to the Financial Aid Office at St. Joseph's College of Nursing.

If for any reason a student leaves the program, the refund policy will be applied; the balance of the tuition will remain due.

Refund Policy: If the student withdraws from school, tuition will be refunded as follows:

Course dropped during the 1 st week:	100% Refund
Course dropped during the 2 nd week:	75% Refund
Course dropped during the 3 rd week:	50% Refund
Course dropped during the 4 th week:	25% Refund

The student and co-signer both understand that each payment is due on or before the due date listed. If full amount due is not paid on or before the due date listed, the student and co-signer both understand that a \$75 Late Fee will be added to the amount due for that payment date. If payment including late fee is not received within two weeks from the due date, the student will not be allowed to take final exams, register for future classes or attend class or clinical until full balance owed for the semester has been paid in full, including any applicable late fees.

Amount due: _____

Due Date: _____

Amount due: _____

Due Date: _____

Amount due: _____

Due Date: _____

Amount due: _____

Due Date: _____

Student's Signature

Date

Parent's Signature (Dependent Students Only)

Date

Authorized School Official

Date