

Name _____

PAYMENT OPTIONS

1) EMPLOYER TUITION REIMBURSEMENT

If your employer has a reimbursement policy, **you are required to complete and submit an HNU Employer Reimbursement Certification to the Student Accounts Office no later than the first day of classes for each term.** Subtract the amount that your employer will pay from **Line E** to determine the amount that you will need to pay and then choose a payment option.

2) PER-TERM PAYMENTS

If you calculated your tuition for *fall and spring*, divide the amount that you owe by two payments \$ _____
Payments are due August 16, 2010 and January 7, 2011

If you calculated your tuition for *fall only*, your **full payment is due August 16, 2010**

If you calculated your tuition for *spring only*, your **full payment is due January 7, 2011**

There is a \$250 late fee for payments received after the deadlines

Make checks payable to Holy Names University and mail to 3500 Mountain Blvd. Oakland, CA 94619
ATTN: Student Accounts. We accept MasterCard, Visa, AmEx, and Discover. Please fax 510.436.1199 or
email the HNU Credit Card Authorization Form by the due date for **each** payment. **We require your
authorization for each credit card payment. We will not automatically charge your card for
subsequent payments.**

3) TUITIONPAY MONTHLY PAYMENTS

For a \$70 enrollment fee, you can spread your payments out over several months. We ask that you sign up
for the next available plan.

For students entering in the fall 2010 term:

Payment plans **begin** on the first of every month: July (10 payments), August (9 payments), September (8
payments) and October (7 payments).

For students entering in the spring 2011 term:

Payment plans **begin** on the first of every month: December 2010 (5 payments), January 2011 (4
payments), February (3 payments).

To **learn more** about TuitionPay or to **enroll** in the monthly plan, visit their website at www.tuitionpay.com

AGREEMENT

I have chosen the following payment option/s (circle): 1 2 3

I understand that I must make my payments by the stated deadlines and/or be officially enrolled in the
TuitionPay payment plan and actively making payments in order to be in good financial standing with the
University. **I understand that I am responsible for payment of any additional amount resulting from
changes in my financial aid or class schedule and that it is my responsibility to contact the Student
Accounts Office should any of these changes occur.** I understand that I may be dropped from classes
at HNU if payment is not made by the deadlines or according to the terms of this agreement. I understand
that refunds or cancellations for tuition are made in accordance with the refund schedule in the Schedule of
Classes and only after an official withdrawal from the University has been processed by the
Registrar/Residence Life Offices. I understand refunds/cancellations are not granted to a student who
withdraws from a portion of their total academic program after the refund period. I accept responsibility for
payment of actual cost and expenses of collection including, without limitation, reasonable attorney's fees
and collection cost.

Signature _____ Date _____

THIS IS A MANDATORY PART OF THE REGISTRATION PROCESS. PLEASE TURN IT IN ON TIME.

**WORKSHEET DEADLINE FOR FALL IS AUGUST 16; DEADLINE FOR SPRING IS JANUARY 7. FAX
OR MAIL BOTH PAGES BY THE DEADLINE. FAX 510.436.1199. QUESTIONS? CALL 510.436.1096
OR 510.436.1133**