

HOLY NAMES UNIVERSITY
CALCULATION OF CHARGES & PAYMENT WORKSHEET 2010-11
(MSN AND RN-TO-BSN ONLY)

SSN/Student ID _____ Phone _____
(required)
Last Name _____ First Name _____
Billing address _____
street city state ZIP

TUITION

RN to BSN Program

\$550/undergraduate unit x _____ units = _____

All MSN degree programs (MSN-MBA, Clinical Faculty, FNP, post-Master's certificate, etc)

\$766/graduate unit x _____ units = _____

\$550/undergraduate unit x _____ units = _____

TUITION CHARGES FOR 2010-11----- _____ **A**

HNU is pleased to offer a discounted tuition rate to students who are employed by one of the following contract hospitals: any CHW hospital, Washington Medical Center, John Muir Medical Center (Walnut Creek and Concord campuses), ValleyCare Hospital, Highland Medical Center, San Mateo Medical Center, Stanford Medical Center, and any other contract hospital. **Students may be required to show proof of employment by a contract hospital in order to receive the tuition discount.**

Apply 15% discount by multiplying total from Line A by 0.85----- _____ **B**

MANDATORY FEES choose one (see Catalog for complete list)

Off-campus students: on-line Library fee \$70/year (\$35 fall/\$35 spring)----- _____

On-campus students: Campus fee \$340/year (\$170 fall/\$170 spring)----- _____

TUITION & FEES FOR 2010-11 (add A or B and mandatory fees)----- _____ **C**

FINANCIAL AID PER AWARD LETTER

Federal Stafford and/or PLUS loans _____ x 0.985 = _____ **D**

Scholarships, grants, subsidies----- _____ **E**

Add lines D + E----- _____ **F**

This is your total **adjusted financial aid** for 2010-11

AMOUNT YOU OWE OR REFUND AMOUNT

Line C _____

minus

Line F _____

Total _____ **G**

If this is a **positive** number, this is the amount you owe. You must choose a payment option on Page 2.
If this is a **negative** number, this is the amount you can expect to receive in a series of financial aid refund checks. You do not need to choose a payment plan. Proceed to the "agreement" section on Page 2.

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 the term. Subtract** the amount that your employer will pay from **Line G** 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 (circle all that apply): 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 withdrawals 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 510.436.1425