

HOLY NAMES UNIVERSITY
CALCULATION OF CHARGES & PAYMENT WORKSHEET 2011-12
FALL & SPRING (GRADUATE/CERTIFICATE/CREDENTIAL) FALL & SPRING

Social Security Number _____ Phone _____
(required)

Last Name _____ First Name _____

Billing address _____
street city state ZIP

TUITION

Graduate/Certificate/Credential Programs \$800/unit x _____ units = _____

Pastoral Ministry Program
Aug 2007 / Jan 2008 cohort \$4,862/year (\$2,431/semester)----- _____

Aug 2008 / Jan 2009 cohort \$5,300/year (\$2,650/semester)----- _____

Aug 2010 / Jan 2011 cohort \$5,844/year (\$2,922/semester)----- _____

Aug 2011 / Jan 2012 cohort \$6,136/year (\$3,068/semester)----- _____

Sophia Center Program \$800/unit x _____ units = _____

Audits \$150/unit x _____ units = _____

FEES (see Catalog for a complete list)

Campus Fee \$340/year (\$170/semester)----- _____

Off-campus students (PASTORAL MINISTRY PROGRAM ONLY) \$70/year (\$35/semester-- _____

Private Voice/Music Lessons \$750 per instrument, per term----- _____

ROOM & BOARD

See a Student Accounts representative for rate information if you plan to live on campus.

TOTAL CHARGES FOR 2011-12----- **A**

ESTIMATED FINANCIAL AID PER AWARD LETTER

Note: Do not include Federal Work Study or University Employment funds in this calculation

Total Subsidized and/or Unsubsidized Loans _____ x 0.995 = _____ **B**

Total Federal PLUS and/or Grad PLUS Loans _____ x 0.975 = _____ **C**

Total scholarships, grants, subsidies, and Perkins Loans----- **D**

Add lines B + C + D----- **E**

This is your total **adjusted financial aid** amount for 2011-12

AMOUNT YOU OWE OR REFUND AMOUNT

Line A _____

minus

Line E _____

Total _____ **F**

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 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 15, 2011 and January 6, 2012**

If you calculated your tuition for **fall only**, your **full payment is due August 15, 2011**

If you calculated your tuition for **spring only**, your **full payment is due January 6, 2012**

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 2011 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 2012 term:

Payment plans **begin** on the first of every month: December 2011 (5 payments), January 2012 (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 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 15; DEADLINE FOR SPRING IS JANUARY 6. FAX OR MAIL BOTH PAGES BY THE DEADLINE. FAX 510.436.1199. QUESTIONS? CALL 510.436.1096 OR 510.436.1133