

Please note: all prior semester outstanding balances may NOT be included in the deferment requested below. Students are responsible to pay all prior semester outstanding balances not reflected on this agreement.

STUDENT NAME: \_\_\_\_\_ TERM: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

For value received, I promise to pay Hofstra University, in accordance with the amounts and terms indicated below:

**CHARGES:**

A. Total Tuition and Fees	_____	A.
B. Total Housing/Meal Charges	_____	B.
C. <b>TOTAL CHARGES (A + B)</b>	_____	C.

**LESS APPLICABLE CREDITS:**

D. Acceptance Deposit	_____	D.
E. NYS TAP Authorized	_____	E.
F. Federal Aid:		
F1. PELL Grant	_____	F1.
F2. SEOG Grant	_____	F2.
F3. ACG Grant	_____	F3.
F4. SMART Grant	_____	F4.
F5. Perkins Loan Authorized	_____	F5.
F6. Subsidized Stafford Loan Authorized	_____	F6.
F7. Unsubsidized Stafford Loan Authorized	_____	F7.
F8. Parent PLUS Loan Authorized	_____	F8.
F9. Graduate PLUS Loan Authorized	_____	F9.
G. Personal Loans and Alternative Loans		
G1. _____	_____	G1.
G2. _____	_____	G2.
H. Scholarships and Grants		
H1. _____	_____	H1.
H2. _____	_____	H2.
H3. _____	_____	H3.
I. Prior Semester Credit	_____	I.
J. Other Documented Aid or Payments		
J1. _____	_____	J1.
J2. _____	_____	J2.
J3. _____	_____	J3.

K. **TOTAL CREDITS (sum of D through J)** \_\_\_\_\_ K.

L. **NET AMOUNT DUE (C minus K):** \_\_\_\_\_ L.

M. Deferment Requested (50% of Line L, not to exceed \$5,000) \_\_\_\_\_ M. **DPA Balance Due:** **Fall** October 15 - of current term  
**Spring** March 15 - of current term

**For students enrolled in the TuitionPay Plan, the amount on Line M must be zero.**

N. Amount Presently Due: Current Term (L minus M) \_\_\_\_\_ N.  
O. Plus: Deferred Payment Fee \_\_\_\_\_ O.

P. **TOTAL PAYMENT ENCLOSED (sum of N through O):** \_\_\_\_\_ P.

**Terms of Agreement:**

- Students are responsible for paying any increase in all charges after the date of this agreement that result from a change in the student's registration status and/or eligibility for Financial Aid.
- Credits must be substantiated by enclosing award certificates or scholarship letters. Signed Perkins promissory notes must be on file with the Financial Aid Office. Copy of Notice of Parent PLUS, Grad PLUS, or Private Education/Alternative Loan Approval from State or Bank Disbursement Notice is required to substantiate credit for the term's Loan amount. Any/all scholarships, financial aid loans or awards not received are the responsibility of the student.
- Deferred Payment Fee is a nonrefundable fee equal to 2% of Line M, minimum of \$50.00.

**Agreement:**

- In the event that I default on the payments due under this agreement, the amount owed, including interest as referenced below and other charges or fees as outlined in the University Bulletins, shall, at the discretion of Hofstra, become immediately due and payable. I understand that finance charges on the defaulted balance will accrue at a rate of 1% per month and are equivalent to 12% simple interest rate per annum on the entire amount due. I will be required to pay any collection fees and other related costs, including, but not limited to, court costs and reasonable attorney fee's, in addition to the total balance due.
- I understand that withdrawal(officially or unofficially) from the University does not cancel or void this agreement and that I am responsible for any outstanding balance, regardless of my attendance, in accordance with the Hofstra University Bulletins.

\_\_\_\_\_  
Last Name, First Name (PRINT) Office of Student Accounts Representative Name(PRINT/Initials)

\_\_\_\_\_  
Student Signature Date Office of Financial Aid Representative Name(PRINT/Initials)

\_\_\_\_\_  
Parent/Guardian Name (Parent/Guardian is required if the student has not reached his/her 18th birthday and the parent/guardian agrees to be liable to the terms of this agreement)

\_\_\_\_\_  
Parent/Guardian Signature Date