

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 _____
 B. Total Housing/Meal Charges _____
 C. _____

TOTAL CHARGES (A + B)

A. _____
 B. _____
 C. _____

LESS APPLICABLE CREDITS:

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

D. _____
 E. _____
 F1. _____
 F2. _____
 F3. _____
 F4. _____
 F5. _____
 F6. _____
 F7. _____
 F8. _____
 F9. _____

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 \$3,500) _____ 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:

(1) 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.

(2) 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.

(3) Deferred Payment Fee is a nonrefundable fee equal to 2% of Line M, minimum of \$50.00.

Agreement:

(1) 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.

(2) 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 _____