

UC HASTINGS COLLEGE OF THE LAW
OFFICE OF FISCAL SERVICES, (415) 565-4704
TUITION AND FEE DEFERRED PAYMENT AGREEMENT

Fall 20 _____ Spring 20 _____ Summer 20 _____

SECTION A. STUDENT INFORMATION (Please Print; To Be Completed By Student)

(Last)			(First)			(MI)		
Name:								
Address:				Contact # or e-mail:				
City:		State:		Zip:		Hastings ID #:		
1. Year at Hastings: 1st Year <input type="radio"/> 2nd Year <input type="radio"/> 3rd Year <input type="radio"/> LLM <input type="radio"/>								
2. Are you visiting from another school? No <input type="radio"/> Yes <input type="radio"/> If yes, name of School: _____								
3. Is this your first deferment request for the current semester? Yes <input type="radio"/> No <input type="radio"/>								
I am requesting a deferred payment plan for the payment of my tuition and fee balance for the semester indicated above. I understand that until the current semester's tuition and fees are paid, I will not be allowed to pre-register for classes for the next semester. I certify that I have read and that I agree to the terms and conditions on the reverse side of this agreement.								
Student's Signature				Date				

SECTION B. DEFERMENT INFORMATION (To Be Completed By Student)

Reason for Deferment, Please Check One:

1. Financial Aid funds have not been received. I have applied for financial aid through the Hastings' Financial Aid Office and my aid is delayed. I expect them to be received by (date): _____.

(If this is a request, other than your first for the current semester, you must have the Financial Aid office complete Section C of this form. Once certified, return the form to Fiscal Services for consideration.

2. Other; Please Explain: _____

SECTION C. FINANCIAL AID OFFICE (For Office Use Only)

1. The following loan(s) have been originated for the above mentioned student (please complete all that apply):

Direct Subsidized Loan: Disbursement Date*: _____ Distribution Amount: \$ _____

Direct Unsubsidized Loan: Disbursement Date*: _____ Distribution Amount: \$ _____

Other: Disbursement Date*: _____ Distribution Amount: \$ _____

2. The loan(s) for the above mentioned student have not been certified because: _____

Financial Aid Representative: _____ Date: _____

* Estimated Disbursement Date

SECTION D. FISCAL SERVICES OFFICE (For Office Use Only)

1. Deferred Payment Deadline: _____ or upon receipt of funds, whichever is earlier.

2. Payment Plan Approved By: _____ Date: _____

WHITE - Fiscal Services

YELLOW - Student

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UC HASTINGS COLLEGE OF THE LAW
OFFICE OF FISCAL SERVICES, (415) 565-4704
TUITION AND FEE DEFERRED PAYMENT AGREEMENT - TERMS AND CONDITIONS

In signing this agreement I understand that:

1. If my request for a deferred payment agreement is approved, it is my responsibility to pay my tuition and fees by the deferred date. If I do not, I understand that I will be charged a \$150.00, non-refundable late fee and that a hold will be placed on my student records for non-payment of fees. The hold will be removed once the balance due is paid.
2. If I fail to pay my tuition and fees within two (2) business days of the expiration of the deferred payment date, I may be administratively withdrawn from Hastings. If I wish to seek reinstatement, I must receive permission from the Associate Academic Dean and I will be assessed an additional \$300.00, non-refundable reinstatement fee.
3. If my deferred payment agreement is approved, it applies only to the current semester. **FURTHER, I UNDERSTAND I WILL BE UNABLE TO PRE-REGISTER FOR CLASSES FOR THE FOLLOWING SEMESTER UNTIL MY CURRENT SEMESTER'S TUITION AND FEES ARE PAID-IN-FULL.**
4. I may not receive any other notices from Fiscal Services regarding the deferred payment due date.
5. All payments made toward my tuition and fees may be 100% refundable if I officially withdraw from Hastings before the first official class day. If I withdraw on or after that date I understand that my tuition and fee payments will be subject to the College's refund policy.
6. If my payment for tuition and fees is returned to the College unpaid I will be assessed a non-refundable \$150.00 late fee and a \$25.00 returned check fee.
7. I may endorse my financial aid check(s) over to the College for the payment of my tuition and fees. If my checks are drawn on an out-of-state bank, my bank may place a hold on these funds. If the bank returns my tuition and fee payment unpaid as a result of this hold, I understand I will be assessed a \$150.00 late fee and a \$25.00 returned check fee.
8. If I deposit my loan check via the ATM machine and my check(s) are co-payable to Hastings and me, my bank may reject my deposit because they cannot verify Hastings' endorsement. This may result in my tuition and fee payment being returned to Hastings unpaid. If so, I understand I will be assessed a \$150.00 late fee and a \$25.00 returned check fee.
9. All questions relating to my tuition and fees should be directed to the Office of Fiscal Services at (415) 565-4704.
10. If I fail to pay any amounts I owe, the College may report these debts to the Franchise Tax Board for tax offset and/or deduction from any state lottery winnings. Additionally, the amount due may be reported to a national credit bureau and if the College contracts with a collection agency to collect this balance, I may be responsible for collection costs, court costs and attorney's fees.

FOR FISCAL SERVICES USE ONLY:	
Hastings ID#: _____	Comments: _____
<input type="checkbox"/> Payment Plan Entry Date: _____	_____
<input type="checkbox"/> Payment Plan Entered By: _____	_____
