



2014-2015 Payment Plan Enrollment Contract

Staff Use Only
 Paid \$30: _____
 Charged \$30: _____
 Staff Initials: _____

Student Name _____

Student ID # _____

All payments are due the first of every month (see below.) Non-refundable enrollment fee of \$30 per term.

Plan Term *(check one)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Summer Term (2014SM)
3 Pay Plan Due dates (5/1, 6/1, 7/1)
To register: Up to 4/30 pay \$30
5/1 - 5/31 pay \$30 + 1/3 of balance
6/1 - 6/30 pay \$30 + 2/3 of balance
7/1 & After - Full Pay | <input type="checkbox"/> Autumn Term (2014AU)
4 Pay Plan Due Dates (8/1, 9/1, 10/1, 11/1)
To register: Up to 7/31 pay \$30
8/1 - 8/31 pay \$30 + 1/4 of balance
9/1 - 9/30 pay \$30 + 1/2 of balance
10/1 - 10/31 pay \$30 + 3/4 of balance
11/1 & After - Full Pay | <input type="checkbox"/> Spring Term (2015SP)
4 Pay Plan Due Dates (1/1, 2/1, 3/1, 4/1)
To register: Up to 12/31 pay \$30
1/1 to 1/31 pay \$30 + 1/4 of balance
2/1 - 2/28 pay \$30 + 1/2 of balance
3/1 - 3/31 pay \$30 + 3/4 of balance
4/1 & After - Full Pay |
|---|---|--|

Charges Included *(Any changes to your schedule may affect your monthly payment. Rates are subject to change without prior notice.)*

Budget excludes deposits, non-refundable payment plan fee, admission fee and parking fee.

Tuition & General Service Fees + Course Fees + Program Fees + EdMap	\$ _____
On Campus Housing	\$ _____
Meal Plan Charge	\$ _____
Total Charges: ***	\$ _____
Less: FA/Loans/Third Party (\$ _____)	_____
Payment on Account (\$ _____)	_____
Total Payments (\$ _____)	_____
Budget Amount	\$ _____ /
Monthly Payment	\$ _____

***\$10 late fee will be applied each due date a payment is not received. An additional \$50 late fee will be applied if balance is not paid in full by the end of the term.*

Agreement

By signing this contract, I am responsible for all payments due; I understand that the enrollment fee is non-refundable; I understand that any financial aid/third party payment will be deducted from my balance and monthly payment will be adjusted accordingly. If financial aid/third party covers the full charge, my payment plan will automatically terminate unless I inform the Cashier's Office otherwise.

I agree to pay the \$10 late fee for any late payments and a \$25 fee for non sufficient funds (NSF) checks, when applicable. I am aware that failure to make payments as required does not release me from the contract for room and board; I am aware that I am responsible for any past due owed and cannot receive my diploma, transcript or certificate if I owe a past balance to Hocking College. Non payment of fees will result in collection proceedings and the student is responsible for any collection cost in addition to the balance owed. I am responsible for all the charges on my account if the withdrawal process is not followed.

Student's Signature _____

Date _____