



Soka University of America PAYMENT PLAN AGREEMENT FORM

Office of Student Accounts • studentaccounts@soka.edu • (949) 480-4043, 4129

Spring 2017 Session

Submit between
12/01/2016~01/09/2017

TUITION & FEES CALCULATION

CHARGES

Tuition (\$14,686 per session full-time; \$1,224 per unit approved part-time)	\$ _____
Room & Board (\$5,906 per session)	\$ _____
Health Insurance Fees (\$835 per session, if not waived)	\$ _____
① TOTAL CHARGES	\$ _____

CREDITS

Financial Aid Awards – from SUA (awards can be viewed online through PeopleSoft)

* Minus any applicable loan fees

1) Soka Grant/ Soka Graduate Grant	\$ _____	10) Outside Scholarship	\$ _____
2) Federal Pell Grant	\$ _____	11) Soka Loan/ Soka Graduate Loan	\$ _____
3) Merit/ Graduate Merit Scholarship	\$ _____	12) Federal Subsidized Loan*	\$ _____
4) Ikeda Scholarship/ Global Merit Award	\$ _____	13) Federal Unsubsidized Loan* / Fed Grad Unsub Loan*	\$ _____
5) Soka Opportunity Scholarship	\$ _____	14) Federal Plus Loan* / Fed Grad Plus Loan*	\$ _____
6) Academic Merit Scholarship	\$ _____	15) Resident Assistant	\$ _____
7) Federal SEOG	\$ _____	16) Athletic Scholarship	\$ _____
8) Academic Competitiveness Grant	\$ _____	17) GI Bill/ Yellow Ribbon Award	\$ _____
9) California Grant (A, B)	\$ _____	18) Other (on Financial Aid Award -- no work study)	\$ _____

Note: Work study should not be included in the calculation since payment is made directly to the student.

A) Total Financial Aid (add 1~18 above) \$ _____

B) Enrollment Deposit Paid (new students who paid deposit) \$ _____

② TOTAL CREDITS (add A~B) **\$ _____**

③ Total Due to SUA for Spring 2017 Session (subtract ② from ①) **\$ _____**
(If ② is greater than ①, you do not owe SUA for tuition, room & board, health insurance)

Any changes to financial aid award or other charges such as tax withholding (for international students) or fees will change your account balance. Please contact the Office of Student Accounts or sign-in to PeopleSoft System for updated balance information.

PAYMENT OPTIONS (select one option below)

- Option #1: Payment in Full for Session (1 payment for Spring 2017 Session - due on January 10, 2017)
- Option #2: Monthly Payment Plan (5 monthly installment for Spring 2017 Session - due on 10th of each month starting January 10, 2017)

NOTE: Form are due by January 9, 2017 for 5 monthly payments. After January 9, late sign up fee applies and # of payment changes (Please refer to payment plan brochure)

Total Amount Due for Spring 2017 (from ③) \$ _____
 ÷ _____ = \$ _____ Monthly installments + \$ _____ sign up fee per session
 # of payments

TUITION PAYMENT AGREEMENT

- I certify that I have read and understand the description of this Payment Agreement Plan, as stated on the Payment Plan Options brochure, and that I agree to the terms of the Agreement.
- I certify that I am financially responsible to Soka University of America for all charges incurred during the time I attend the university and that this Agreement will remain in effect for that period unless I notify the Student Accounts Office that I wish to choose another plan.
- I understand that this Agreement is applicable only to tuition and required fees, and that all other charges will be due in full upon assessment.
- I agree to pay the charges based upon the proposed payment plan indicated above. I understand that the amount for tuition payment is an estimate and that if there are any changes, I am responsible for any differences at the due date.
- Payment plans can be established for current session charges only. If past due debts are owed, they must be paid prior to establishing the payment plan.
- Reminder bills will be sent out to campus or permanent address or via email. Failure to receive a reminder bill does not relieve you of the responsibility to make payment by the due date. Furthermore, I understand that it is my responsibility to update my address information.
- No University services will be granted if the payment is not received on time. I understand and agree that failure to pay all charges by the due date will leave my account subject to financial penalties, including collection and legal fees.
- I am aware that I cannot register for classes without the permission of the Student Accounts Office while owing any part of the prior session's tuition, fees, room & board and/or other charges. Furthermore, I understand that a HOLD will be placed on my records to prevent such registration.
- If I fail to comply with the terms and conditions of this agreement, Soka University of America may:
 1. Place a hold on my account, preventing further services from the university.
 2. Assess all costs of collection to my account and refer my account to a collection agency for further collection efforts.
 3. Initiate legal proceedings against me.

Student ID # _____

Name _____

Signature _____

Date _____