STATE UNIVERSITY FEE INSTALLMENT CONTRACT
CALIFORNIA STATE UNIVERSITY, CHICO

To use the SUF contract below, please copy, fill out completely, sign where indicated, make a photocopy for your records, and forward the original with your payment to Student Financial Services, CSU,Chico, Chico, CA 95929-0999 on or before the Registration Fee Payment Deadline.

NAME_____**Student ID**_____**SEMESTER:** **Fall 2008**
(Please print) LAST, FIRST M.I.

I wish to use the installment plan for the State University Fee (SUF) as authorized by Section 89700.1 of the Education Code. I am not eligible for any other campus waivers, subsidies or deferments, such as a financial aid deferment, and I have not filed a Free Application for Federal Student Aid (FAFSA).

I understand that this deferment applies only to a portion of the State University Fee and that all other registration fees including a $33.00 installment plan fee must be RECEIVED by Student Financial Services-Cashiering by the Registration Fee Payment Deadline or all my classes will be dropped.

I understand payments must be received by Student Financial Services-Cashiering as follows:

PLEASE CHECK # OF UNITS AND UNDERGRADUATE/CREDENTIAL/GRADUATE STATUS:	**_____6.0 or fewer units**			**_____6.1 or more units**		
	☐ Undergraduate	**☐ Credential**	**☐ Graduate**	**☐ Undergraduate**	**☐ Credential**	**☐ Graduate**
First Payment must be received with completed contract by **July 31, 2008**						
Portion of SUF	$295.00	$342.00	$363.00	$ 508.00	$ 590.00	$ 626.00
Other Registration Fees	$480.00	$480.00	$480.00	$ 480.00	$ 480.00	$ 480.00
Installment Plan Fee (non-refundable)	$ 33.00	$ 33.00	$ 33.00	$ 33.00	$ 33.00	$ 33.00
Total first payment	**$808.00**	**$855.00**	**$876.00**	**$1,021.00**	**$1,103.00**	**$1,139.00**
Second Payment must be received by **October 3, 2008** to avoid assessment of a past due fee:						
Total second payment	**295.00**	**342.00**	**363.00**	**508.00**	**590.00**	**626.00**
Third Payment must be received by **November 4, 2008** to avoid assessment of a past due fee:						
Total third payment	**295.00**	**342.00**	**363.00**	**508.00**	**590.00**	**626.00**

*Fees are subject to change by the State Legislature and Trustees of the California State University. Any increase in the State University Fee and other registration fees will be due in addition to the currently deferred State University Fee in two equal installments as indicated above.

If the first payment is dishonored by the bank, it will be treated as non-payment and I may be subject to disenrollment. I further understand that if the 2nd or 3rd payment is NOT RECEIVED by Student Financial Services-Cashiering on or before the due dates specified or should my check be dishonored by the bank, I will be assessed a $20.00 Past Due fee for each missed payment and a hold will be placed on my record until payment is received by Student Financial Services-Cashiering. I understand I will be unable to register for a future semester or receive transcripts until all fees and penalties are paid in full.

I further agree to pay the total of this contract whether or not academic credit is received. If I withdraw from the University on or after the first day of classes, I understand that I am responsible for a prorated amount of registration fees. If I add or drop classes within the first 2 weeks of the semester but remain enrolled, I will be financially responsible for the number of units in which I am enrolled as of the 2nd Friday of classes and for any additional units in which I subsequently enroll.

I understand that failure to pay the amount due may result in referral of the debt to an outside collection agency and/or credit reporting agency; offset against amounts due from the State of California; and/or legal action. I agree to pay all costs of collection, including attorney fees and court costs.

Payments can be sent by mail to Student Financial Services-Cashiering, CSU,Chico, Chico CA 95929-0999, made in person at Student Financial Services-Cashiering Office, Student Services Center, Room 230, or made on-line via your portal (or at www.csuchico.edu/sfin) using an electronic check or credit card (MasterCard, American Express, or Discover only). *Payments must be received on or before each respective due date***.**

For additional information, please contact Student Financial Services, Student Services Center, Room 230, or call 530-898-5936.

By signing my name below, I agree to and will abide by all the provisions of this contract.

_____ _____ _____
Student's Signature *Date* *Phone*

_____
Billing Address *Street* *City* *State* *Zip Code*

SFIN OFFICE USE ONLY: *Student Account Notated:* *Code* _____ *Date* _____ *Clerk Initial*_____