

CSUSB INTERNATIONAL STUDENT DEFERRED PAYMENT AGREEMENT
FALL SEMESTER 2020

In accepting this **DEFERRED PAYMENT AGREEMENT**, I understand and agree to all the following terms and conditions. I understand that my non-resident tuition fee, professional program fees, any course and or late fees will be deferred and the amounts written below are subject to change due to the adding or dropping of units. I must pay the following fees and turn in this contract by my registration due date or in order to register, whichever occurs first:

100% of the Resident Registration Fees due with Contract

Name: _____ MyCoyote ID: _____

Local Address: _____

Permanent /Country Address: _____

Telephone: _____ Email Address: _____

PAYMENTS: I agree to pay all fees at the Student Financial Services Office, UH-035, or online through MyCoyote according to the payment schedule below. Payments mailed to the University **must be received by the due dates specified on the installment payment schedule**. The mailing address for payments is CSUSB, Student Financial Services Office UH-035. 5500 University Parkway, San Bernardino, CA 92407-2397.

Estimated First Installment

Due Date: 09/12/2020

Amount Due: \$ _____

* Estimated Second Installment

Due Date 10/12/2020

Amount Due: \$ _____

***Installment amounts may change due to increase or decrease in units check MyCoyote for an accurate amount.**

***If the 2nd Installment is not received by the last day of classes for the term December 17, 2020; you may not be eligible to register in future terms.**

THIS CONTRACT IS YOUR ONLY WRITTEN NOTICE OF THE DUE DATES AND AMOUNTS DUE FOR PAYMENT.

DELINQUENT PAYMENT PENALTIES: If any installment payment is not received by **the payment due date**, all services, including, but not limited to, registration, provision of grades and transcripts, and graduation, will be withheld by CSUSB until I pay the amount due. I agree to pay a \$10.00 missed deadline fee per occurrence and my payment will be counted as delinquent. I authorize CSUSB to pursue collection activities to collect any past due amount, including referral of my agreement to a collection agency and to a credit bureau organization, and to the release of information concerning the past due amount when necessary to collect the delinquency. I agree to pay reasonable collection costs including court costs and attorneys' fees.

REFUND POLICY: If I officially withdraw from CSUSB **after the last day to drop classes** as published in the Schedule of Classes, I agree to continue to pay all installment payments by the contracted due dates and will not be eligible for a refund of any fees paid. If I officially withdraw from CSUSB on or before the last day to drop classes as published in the Schedule of Classes, I will receive a prorated refund of applicable fees in accordance with the refund policy published in the Schedule of Classes, and I will not be required to pay further installment payments.

By signing below I accept this Deferred Payment Plan Agreement and agree to all of the foregoing provisions.

Signature: _____ Date: _____

Office Use Only

Authorized International Student Service Representative

Date

Authorized Student Financial Services Representative

Date

Original – Student Accounts

Yellow – International Student Services

Pink – Student

* The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased, when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees, without notice, until the date when instruction for a particular semester or quarter has begun. All CSU listed fees should be regarded as estimates that are subject to change upon approval by The Board of Trustees.