

Class #1 _____ #2: _____ #3: _____ #4: _____

SCC: _____ EV: _____ Holds: _____ Invoice Third Party (attach financial guarantee)

International Student Statement of Account

Term: Fall _____ Winter _____ Spring _____ Summer _____ Campus Fees (if applicable): 1 month 2 month

Coyote ID#: _____ Name: _____

Total Amount Due: \$ _____

Credit / Balance Amount to be Applied to Payment: \$ _____ (If none, check here)

Tuition Fee & Campus Fee \$ _____ IEP App Fee (Bulk) \$ _____

CSUSB App Fee \$ _____ Homestay App Fee (Bulk) \$ _____

Housing Payment \$ _____ Airport Pick Up Fee* (Bulk) \$ _____

Late Fee* \$ _____ Other (Describe) \$ _____

IEP Office Staff Signature and Date: _____

All Fees with (*) need to be sent to Financial Services for adjustments

REFUNDS: Full Refunds will be given before the first (1st) day of the term. Fifty Percent (50%) during the first (1st) week (5 days) of the term. **NO REFUND WILL BE GIVEN AFTER THE FIRST (1st) week (5 days) OF THE TERM. There is NO REFUND on LATE FEES.**

SPONSORED STUDENTS: If your sponsor does not pay the balance within two (2) terms then you will be responsible for payment.

STUDENT'S SIGNATURE: I agree to the above payment and policies. _____