



University Sponsored Deferred Payment Plan

If you can not pay in full at the time your tuition bills is due, the University offers a deferred payment plan. There is a \$150 processing fee for this plan. You may complete the Deferment Payment Plan contract online, through the "View Term Bill" link on our Web site or complete the following PDF form. You must pay any prior balance in full, plus ½ of your current semester charges after all approved financial aid has been deducted.

The first payment is due upon creation of the contract such as credit card, cash and check. The remaining payments will be due October 1 and November 1 for the Fall Semester and February 15 and March 15 for the Spring Semester. Print out TWO copies of the Deferred Payment Plan contract, sign one and return it to the following address:

St. John's University
8000 Utopia Parkway
Queens, NY 11439
Attention: Office of the Bursar RM 204



Deferred Payment Plan

Payment Schedule (Check One)	
<input type="checkbox"/> Fall Semester	Payment Due: October 1 November 1
<input type="checkbox"/> Spring Semester	Payment Due: February 15 March 15
<input type="checkbox"/> Summer Semester	Payment Due: June 15 July 15

Student Name _____
 Student ID No. _____
 Home phone _____ Cell phone _____

1. Previous Account Balance (*Must be paid in full to register*) \$ _____
 2. Total Current Semester charges:
 Tuition, Fees, Room and Board \$ _____
 Contract Fee _____ 100 _____
 Total \$ _____

3. Estimated/Approved Financial Aid:

FUND	SUMMER AMOUNT	FALL AMOUNT	SPRING AMOUNT	TOTAL AMOUNT	COMMENT
Pell Grant	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	\$ _____	_____
NYS TAP	<input type="checkbox"/> Estimated <input type="checkbox"/> Awarded	<input type="checkbox"/> Estimated <input type="checkbox"/> Awarded	<input type="checkbox"/> Estimated <input type="checkbox"/> Awarded	\$ _____	_____
Grant	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	\$ _____	_____
Grant	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	\$ _____	_____
Scholarship	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	\$ _____	_____
Perkins/HPL	<input type="checkbox"/> Awarded	<input type="checkbox"/> Awarded	<input type="checkbox"/> Awarded	\$ _____	_____
Stafford (Sub.)	<input type="checkbox"/> Awarded	<input type="checkbox"/> Awarded	<input type="checkbox"/> Awarded	\$ _____	_____
Stafford (Unsub.)	<input type="checkbox"/> MPNF <input type="checkbox"/> Approved	<input type="checkbox"/> MPNF <input type="checkbox"/> Approved	<input type="checkbox"/> MPNF <input type="checkbox"/> Approved	\$ _____	_____
Plus	<input type="checkbox"/> MPNF <input type="checkbox"/> Approved	<input type="checkbox"/> MPNF <input type="checkbox"/> Approved	<input type="checkbox"/> MPNF <input type="checkbox"/> Approved	\$ _____	_____
Private Loan	<input type="checkbox"/> Preappr. <input type="checkbox"/> Approved	<input type="checkbox"/> Preappr. <input type="checkbox"/> Approved	<input type="checkbox"/> Preappr. <input type="checkbox"/> Approved	\$ _____	_____
Other	<input type="checkbox"/> Pend. Cert. <input type="checkbox"/> Process.	<input type="checkbox"/> Pend. Cert. <input type="checkbox"/> Process.	<input type="checkbox"/> Pend. Cert. <input type="checkbox"/> Process.	\$ _____	_____
	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	<input type="checkbox"/> Pending <input type="checkbox"/> Awarded	\$ _____	_____

Total Aid _____

Counselor Signature _____ Date ____/____/____

4. Subtotal – Current Semester (*line 2 minus line 3*) \$ _____
 5. Remaining Balance (*line 1 plus line 4*) \$ _____
 6. Amount to be paid at registration (*line 1 plus 1/2 of line 4*) (_____)

Comments: _____

7. Deferred Plan Amount (*line 5 minus line 6*) \$ _____

I promise to pay St. John's University \$ _____, Balance Due, in two equal installments of \$ _____. I will make these payments on or before the due dates directly to St. John's University, 8000 Utopia Parkway, Queens, NY 11439. Failure to meet St. John's University due dates will result in an assessment of a 1% per month service charge and/or cancellation of contract. If placed with an outside collection agency, additional collection fees will be added to your balance due which may be as much as 50% of your principal balance.

I understand that if, for any reason, the estimated or pending financial aid noted above is not approved, then I am responsible for paying those amounts to the University by the end of the semester. I understand that the foregoing constitutes a legally binding obligation to St. John's University.

All outstanding tuition account balances are educational loans extended with the express understanding that future repayment shall be made to the University. Pursuant to federal bankruptcy law and regulations, such tuition expenses are educational loans that are not automatically discharged in bankruptcy.

 Bursar's Representative
 White Copy- Bursar

 Student's Signature
 Yellow Copy- Financial Aid

 Date
 Pink Copy- Applicant