

Payment Information – Please choose one of the following payment options:

Option 1 (Financial Aid) : Please answer all questions below:

A. I have applied for Federal Financial Aid for 2009-2010. (If you answer “No” Please see remaining payment options 2, 3 or 4)

___ Yes ___ No

B. I have been approved for Federal Financial Aid (Sub, Unsub, or Perkins Loans) and received an **AWARD LETTER**. (If you answer “No” please see remaining payment options 2, 3 or 4. Students must be approved for financial at the point of registration. Students who have applied but have not been approved will need to pay and will be reimbursed when financial aid comes in.)

___ Yes ___ No

C. I have been approved for Alternative Loans and it is indicated on my **AWARD LETTER**.

___ Yes ___ No

D. Enter the total amount you were awarded for **Summer 2009** only.


(Please refer to your **AWARD LETTER** for your Summer Disbursement Amount. You can also check your award amount by going to Student Link clicking on Student Services and Financial Aid, then “Financial Aid” then “My Award Information”).

- Subsidized Loan \$ _____
- Unsub. Loan \$ _____
- Perkins Loan \$ _____
- Heal Loan \$ _____ (FT Psy. D students only)
- Alternative Loan \$ _____
- Argosy Scholarship \$ _____
- Pell or Cal Grant \$ _____ (BA students only)
- SEOG \$ _____ (BA students only)
- Total** \$ _____

E. My financial aid (Total in “D”) covers my tuition and fees. (If you answer “No” you are liable for the remaining balance. Please see remaining payment options 2, 3 or 4 to cover your remaining balance. You will need to fill out a **BALANCE DUE FORM** on the following page.)

___ Yes ___ No

Option 2 (Credit Card)

<p>I give my permission to the AU to charge my credit card below (check one):</p> <p>1. ___ My total balance now.</p> <p>2. ___ Half of my balance now and the 2nd half of my payment on the first day of classes</p>			
Signature:		Date:	
Charge My:	--- MASTERCARD	--- VISA	---DISCOVER
Credit Card#:			Exp. Date:
Credit Card Security Code:			

Option 3 (Check)

Check Number _____

Option 4 (Payment Plan)

Argosy University/SFBA Payment Plan Agreement

Add/Drop Period and Payment Plan:

If a student makes an adjustment to their schedule which affects the total balance due of the original payment plan, **students payment plan will remain at the same amount until the total balance is paid off.** Students adding classes resulting in a higher balance due, will need to pay in full for the class added when submitting the add/drop form with the appropriate payment. Students will not be refunded their Payment Plan Fee of \$35 if they drop a class. I have read and agree to follow the policies regarding payment plans.

Student Signature _____ Date _____

Payment Plan Information

Name: _____ Student ID: _____

Term: _____ Total Balance Due: _____

Payment 1: Date Due: Sept. 15, 2009. Amount: ¼ of my tuition +35 payment plan fee.

Payment 2: Date Due: Oct. 15, 2009. Amount: ¼ of total tuition.

Payment 3: Date Due: Nov. 15, 2009. Amount: ¼ of total tuition.

Payment 4: Date Due: Dec. 15, 2009. Amount: ¼ of total tuition.

I give my permission to Argosy University to charge my credit card below at the above amount and schedule.

Signature:		Date:	
CHARGE ONLY:	--- MASTERCARD	--- VISA	---DISCOVER
Card#:	Credit Card Security Code (See below):		Exp. Date:

