

**Office of the Controller  
Graduate Student Calculation of Charges  
Agreement  
Fall 2009**

***Tuition/Fee Payment/Insurance Waiver Information***

*(Web-Electronic-Online Payment and Agreement available at [www.lmu.edu/studentaccounts/](http://www.lmu.edu/studentaccounts/))*

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***Student Accounts Important Dates***

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|--|------------------|
| •Last day to Advance Register without obtaining Financial Clearance: | <b>7/31/2009</b> |
| •Financial Clearance Payment Deadline                                | <b>7/31/2009</b> |
| •Late Clearance Fee Assessed (\$95.00)                               | <b>8/01/2009</b> |
| •Start of Course Cancellation  | <b>8/07/2009</b> |
| •Deadline to submit Sickness Insurance Waiver                        | <b>9/01/2009</b> |
| •Late Registration Ends:   | <b>9/04/2009</b> |
| •Deadline to add/drop course and receive 100% Tuition Credit         | <b>9/04/2009</b> |

*This form may be obtained via download from [www.lmu.edu/controller/studentaccounts/](http://www.lmu.edu/controller/studentaccounts/)*

**(Agreement enclosed- -must be completed & return)**

## Instructions for Completing the Calculation of Charges Agreement

Please print and complete the identification and address information. Decide which payment option you prefer. Work down the column. List amounts on the lines to the right. If you select the semester payment plan (option 2), submit the first payment with the agreement and subsequent payments are due at the end of each month. A monthly statement will be sent by mail and/or electronically.

### Tuition, Fees and Expenses:

- Multiply the per unit rate by the number of semester hours of study.
- The MBA Certificate Program is a non-degree program. (Only LMU Alumni pay the reduced rate)
- All mandatory fees must be included in your agreement calculation.
- The MBA fee is mandatory for all MBA students and may not be waived.
- The registration fee is mandatory for all registered students.
- Accident insurance is mandatory if taking 7 or more semester hours.
- Students may waive the mandatory sickness insurance by completing the waiver on the back of the agreement. Retroactive waivers are not accepted. International students (F1 & J1 visa) must meet with the Office of International Students for insurance waiver requirements.
- Include the \$95.00 payment plan fee if you choose options 2 or 3. If you select option 1, you will not be assessed the fee. The balance due must be returned with this agreement. If you have financial aid to cover the expenses in full, the \$95 payment plan fee will not be assessed.
- You can purchase Flexi dollars for bookstore purchases. Submit a separate check with your ID # and indicate "FLEXI" on the check or simply add it to the amount of your check.

### Net Financial Aid :

List the financial aid reflected on your financial aid award letter. List applicable federal loans minus any loan fees (this is an estimate of bank fees associated with Federal Loan Programs). Exclude federal work-study, transfer work, Loyola work and scholarships not yet acknowledged by the Financial Aid Office. You may include fax or tuition remission programs. Financial aid listed will be verified against awarded amounts for accuracy. If you have not received your award prior to receiving this agreement, please calculate your expenses based on options 1 or 2. Upon receipt of your award it is your responsibility to contact the Student Accounts Office to revise your agreement. Total the financial aid and list this amount in the brackets.

### Current balance:

If you have an outstanding balance due from a previous semester, list it on this line. Previous balances must be paid in full and may not become part of a new payment plan. Continuing students may refer to your most recent billing statement. All miscellaneous charges must be paid in advance.

### Balance Due LMU:

This is the result of your total expenses, minus your financial aid offsets, plus or minus your current account balance. Please make your check payable to Loyola Marymount University. Options: The balance should be remitted in full or may be divided by 5 and the first payment must accompany this agreement. Your agreement will be rejected if improperly completed. The company reimbursement option requires an approved company reimbursement letter be on file. If you have a partial company reimbursement the difference must be placed on a payment plan or paid in full.

Mail agreement to the following address:

**Loyola Marymount University  
Bank of America – Remittance Processing  
File #53675  
Los Angeles, CA 90074-3675**

**\*\*Do not send financial aid materials or any other correspondence to the above address\*\***

Agreements received after 07/31/2009 will be assessed a \$95.00 late fee. LMU is not responsible for mailing delays. Your agreement will be rejected if improperly completed. LMU reserves the right to modify fees and amounts listed on this agreement.

Student Accounts office hours are Mon-Fri 8:30 AM to 5:00 PM PST. By phone from 8:30 AM to 12:00 PM and 1:00 PM to 4:30 PM PST. Phone: (310) 338-2711 FAX: 310 338-2325. Extended walk-in service is available Wednesday's until 7:00 PM. Email: [StudAcct@lmu.edu](mailto:StudAcct@lmu.edu) Home page: [www.lmu.edu/controller/studentaccounts/](http://www.lmu.edu/controller/studentaccounts/)

**Keep this page for your records**

# Graduate Calculation of Charges Agreement/Fall 2009

LMU Controller's Office

200930

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University ID (Required for processing)

LAST NAME		FIRST		M.I.	
BILLING ADDRESS			APT #	CITY	STATE ZIP CODE
PAYMENT OPTION		CHECK AMOUNT	TELEPHONE # (Home)		Email Address
<input type="checkbox"/> Check Enclosed-Balance due.		\$			
<input type="checkbox"/> Check Payment Plan Semester		<input type="checkbox"/> Financial Aid – full	<input type="checkbox"/> Employer Reimbursement-Plan		Cellular Contact

Tuition, Fees & Expenses (Select appropriate program multiply # units by rate)	Fall Semester 2009 Hourly Rate and Fees	Amount
Tuition – Doctorate EDD Program	# ___ Units x \$1,155.00	\$
Tuition – MBA /Eng Prod Mgmt, SELP, MBA Cert.	# ___ Units x \$1,076.00	
Tuition – MBA Alumni Certificate	# ___ Units x \$968.00	
Tuition – School of Film & Television	# ___ Units x \$926.00	
Tuition – Marriage and Family Therapy	# ___ Units x \$926.00	
Tuition – Graduate Engineering	# ___ Units x \$926.00	
Tuition – School of Education	# ___ Units x \$916.00	
Tuition – Other Graduate Programs	# ___ Units x \$886.00	
MBA Associated Student Fee (Mandatory for MBA & SELP students)	\$60.00	
Registration Fee (Mandatory)	\$57.00	57.00
International Student Fee	\$50.00	
Accident Insurance (Mandatory if enrolled in 7 or more units; may not be waived)	\$201.00	
Sickness Insurance (Mandatory if enrolled in 7 or more units.) <small>(Domestic students may waive coverage. Complete the reverse side waiver form)</small>	\$673.00	
Payment Plan/Deferred Plan Fee (Required for options 2 or 3)	\$95.00	
<b>Total All Expenses:</b>		<b>\$</b>

**Subtract Financial Aid - Net From Award Letter - Exclude Work Study, Fellowships & LMU Work (Itemize)**

TYPE OF AID	AMOUNT	TYPE OF AID	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Less Financial Aid:</b>			
(                    )			

**Current Balance on Account: (Credit)/Debit** \$

*Even if no balance due is calculated, you must complete and return this form* **BALANCE DUE LMU** \$

**OneCard Flexi Spending Account: If you have a credit balance or wish to purchase Flexi credits, enter amount here:** \$

**Option 1: Please submit the remaining balance due by 07/31/2009.** \$

**Option 2: Divide Balance due LMU by 5. First Payment due by 07/31/2009. Payments due monthly thereafter.** \$

**Option 3: Company Reimbursement From: \_\_\_\_\_ and percentage \_\_\_\_\_** \$

A current company reimbursement authorization letter is required for option 3. If you have a letter on file you do not need to resubmit a new authorization unless employment has changed. Sole Proprietor owner students are ineligible for option 3 participation. Submit the tuition and fee portion your company does not reimburse. The balance is due and payable 30 days from the date semester grades are posted. If you leave employment of the sponsoring company the balance is due and payable immediately.

I understand that refunds or cancellations for tuition are made in accordance with the refund schedule in the Graduate Bulletin/Schedule of classes, and only after an official withdrawal from the University has been processed by the Registrar/Housing Office. I understand that refunds are not granted for a student who withdraws from a portion of their total program of study after the 100% add/drop refund period. My signature below authorizes all Title IV aid, State Cal Grants, and FFELP Electronic Funds to be credited to my Student Account. Should I have a prior year balance, I authorize the excess current year aid to be applied to this balance. I am responsible for payment of the actual cost and expenses of collection including, without limitation, reasonable attorney's fees and collection cost. I waive any applicable statute limiting the period that a complaint may be filed in the event of default of this obligation for a period of four years. I understand in establishing my student account, if credit is extended for purposes of financing my education, any balance due is hereby acknowledged as a student loan and is non-dischargeable.

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Financial Clearance Tips/Checklist**

- Enclose your check payable to Loyola Marymount University. If payment option 1 is selected, payment in full must accompany the agreement.
- Mail to the correct address listed on the instruction page or address below.
- Deduct applicable fees from any Federal Loans, Private or Plus (Parent) Loans.
- Exclude work-study, transfer work, Loyola work and scholarships not acknowledged by the Financial Aid Office. Work-study is paid semi-monthly after it is earned.
- Any fee listed as mandatory will be assessed.
- Please sign the Calculation of Charges Agreement at the bottom. Please sign the Student Account Financial Credit Authorizations section.
- Complete the waiver form if you are a US Citizen or Permanent Resident covered by personal medical/sickness plan.

If you would like to download another agreement or complete the online version please visit our web page at: [www.lmu.edu/controller/studentaccounts/](http://www.lmu.edu/controller/studentaccounts/) or contact us by phone at (310) 338-2711 or by FAX at (310) 338-2325, Email: [StudAcct@lmu.edu](mailto:StudAcct@lmu.edu)

**Student Account Financial Credit Authorization**

- Check those which apply.** (This section must be completed if you will be receiving financial aid)
- yes**  **no** I authorize any credit balances to remain on my account to cover other educational expenses and aid my budgeting.
  - yes**  **no** I will pay any charges I incur which are not listed on the front of this agreement from my personal funds.
  - yes**  **no** I authorize any charges which may accrue to my student account to be automatically paid from my Title IV financial aid credits.
  - yes**  **no** I am opting into the electronic statement invoicing only. Do not send paper billing.

Authorizing Signature \_\_\_\_\_

**I understand balances retained in my student account do not accrue interest, and I reserve the right to cancel or change these authorizations, as I deem necessary. Financial aid is credited at the beginning of the Fall/Spring semesters and each week thereafter.**

**Sickness Insurance Waiver 2009/2010**

**If you are waiving university insurance coverage, you must complete this waiver regardless of prior waiver submission.**

All LMU students enrolled in seven or more credit hours per semester are required to have adequate sickness insurance coverage. Do not complete this section unless you already have comparable insurance and want to decline automatic enrollment in the University endorsed plan. International students (with a F1 or J1 visa) must meet with the Office of International Students for sickness insurance waiver requirements.

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print) Last First Middle Initial

Student's University ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Academic credit hours enrolled? \_\_\_\_\_

The above named student will be insured by the following hospital-surgical-medical plan through July 31, 2010

Insurance Provider \_\_\_\_\_ Policy/Group # \_\_\_\_\_ Policyholder's Name \_\_\_\_\_

On behalf of the domestic student named above and because of the adequacy of his/her coverage also indicated above, I waive his/her enrollment into the 2009-2010 Sickness Plan administered by Loyola Marymount University. I do not have a student visa classification of F1 or J1. I agree to promptly notify the University in the event of cancellation of the above coverage; I realize the University is not held liable for any health care costs incurred by the student.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Signature of Policyholder  Student (if not a Minor)  Parent  Guardian

If an eligible student does not wish to be enrolled in the University's Student Sickness Insurance Plan, the last day to complete and return the waiver is September 1, 2009 for entering Spring Semester students to the following address:

**Loyola Marymount University  
Bank of America – Remittance Processing  
File #53675  
Los Angeles, CA 90074-3675**

**\*\*Do not send financial aid materials or any other correspondence to the above address\*\***

**Waivers received after the above date will not prevent automatic enrollment and the premium will be billed to your account.**

Please refer to the United Healthcare Student Resource (UHCSR) brochure for additional medical, dependant and spousal coverage.

**Office Use Only**

Spring Clear \_\_\_\_\_ Referral \_\_\_\_\_ Co. Reimb \_\_\_\_\_ Wvr: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ ACH/ \_\_\_\_\_ Not ENR \_\_\_\_\_

**Return this Page to LMU - Do not send this form to the Financial Aid Office**