*Business Office*

# FALL 2011 MSN Graduate Clearance Form

Please complete and return this form to the Business Office with your payment, only if there's a balance due on your Account. The Financial Clearance Deadline to clear your account and submit this Payment form is **August 10, 2011.** Students who have not cleared their balance by the deadline will be assessed a ***$100 late fee***. If the amount due is not clear by the start day of class **August 23, 2011** an additional ***$100 late fee*** will be assessed for a total of ***$200 late fee***. Students may be dropped from classes and a restriction will be placed on the Account. Faxed Payment Forms and/or electronic format will be accepted.

Name _____ ID# _____
(Last) (First)

Address _____ Phone ( ) _____
(Street)

_____ Email _____
(City) (State) (Zip)

| | |
|---|---|
| Tuition ( ____ Units x $752 ) | |
| Nursing fee - If Applicable | 84.00 |
| College Services Fee | 121.00 |
| Minus Financial Aid*** (Do not include Alternative Loans) | |
| Archdiocese/Cooperating Teachers Waiver ** (35% / 3 units) | |
| Alternative Loan | |
| Total Amount Due* or <Refund Amount> | |

*** Calculate Financial Aid Loans at 97% of the amount shown on your award letter. ** To be eligible for Archdiocese Waiver you must submit the application and proof of employment by **09/10/11**. Application submitted after this date will be considered on an appeal basis only and is not guaranteed. Please see application for details.

**Please check option(s) for Method of Payment**:

___ 1. A Check/Money Order/Cash is enclosed for the balance due.

___2. Please charge my VISA/MasterCard/Discover/AMX Card as follows:

Acct # _____ Expiration Date _____ *CV_____

Amount $ _____Name on Card _____

Authorized Signature _____

***The CV is the last three digits behind the card**

___ 3. I have requested to make payments towards the balance due for $ _____, which constitutes the balance owed to Mount St. Mary's College for the Fall 2011 semester after loans, grants and scholarships.

**It is understood that:**

- If the student withdraws from the college prior to final payment on the note, the Maker will be responsible for the amount due in accordance with the College's policy of Withdrawal Charges.
- The Maker is responsible for making payments on time if paying via monthly installments.
- The Maker shall pay any and all reasonable costs of collection incurred by the College occasioned by default of the Maker. In the event that an action is brought by the College to enforce the terms of this agreement, the Maker shall pay all costs thereof, including but not limited to attorney fees.
- I have read, understand, and agree to the terms of this Clearance Form.

**Signature** _____ **Date** _____

10 Chester Place Los Angeles, CA 90007
213-477-2540 fax 213-477-2546
Busoffice Doheny@msmc.la.edu