Spring 2012 ABSN Clearance Form

Business Office *New Students Only*

Please complete and return this form to the Business only if you have tuition remission from your employer or sponsored billing. The Financial Clearance Deadline to clear your account and submit this form is **December 28, 2011.** Students who do not clear their balance by the deadline will be assessed a ***$100 late fee***. If you do not clear your account either by payment in full or payment plan, after the first day of class (**January 09, 2012)** another $100 late fee will be assessed, for a total late fee of ***$200*** assessed to your account. Students who do not clear their accounts 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 - 12 to 18 units	15,348.00
Additional Units Over 18 (___units X $1,279.00)	
Nursing Department Fee - Clinical	289.00
College Services Fee	860.00
Add Mount Health Insurance (Or Waive on Line) If new student - Y**es/No***	
Federal Stafford & Uns Stafford Loan ***	
Alternative Loan	
Grant(s) & Scholarship(s)	
Total Due	

****** Calculate Financial Aid Loans at 97% of the amount shown on your award letter.***
**** A circle of 'No' requires Students to waive the Mount's insurance coverage on line at***
https://studentinsurance.wellsfargo.com/waivers/onlinewaiver.aspx?pagetype=AUTH&waivername=mtstmarys

***Please Indicate Below Method of Deferred Payment:**

☐ Sponsored Billing – Invoice will be submitted to Employer or Sponsor for reimbursement. Verification of Sponsorship from Employer is required.

☐ Deferred Billing – Tuition will be paid by Employer at end of Semester, upon receipt of grades. Verification of tuition reimbursement from Employer is required.

☐ Veteran's Benefit – Invoice will be submitted to the Veteran's Administration for reimbursement. Verification of benefit is required.

☐ Other Benefits – Please indicate the type benefit that will apply towards tuition: _____ Verification of Benefit is required.

It is understood that:

- If the student withdraws from the college prior to final payment, 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