

BURSAR PAYMENT WORKSHEET

UNDERGRADUATE STUDENT- FALL SEMESTER 2017

This form MUST be signed and returned by AUGUST 1st if your payment amount differs from the amount on your invoice. Please return via FileSender at <http://financeadmin.lehigh.edu/bursar> or fax 610.758.3033 or mail to Bursar's Office - 27 Memorial Drive West-Bethlehem PA 18015

Student Name

Last _____ **First** _____ **LIN** _____

Daytime Phone _____ Email _____

Adjustment Description:	Amount:
1. Enter the "TOTAL DUE" from your invoice.	
2. Additional tuition charges <i>if not</i> charged \$25,160 and will be a full-time student	
3. Net cost difference for any new meal plan change.	
4. Adjusted Total Charges (add amounts from 1, 2, and 3)	
5. Less Health Insurance option (<i>Entering an amount here DOES NOT WAIVE your coverage. Waive on-line at http://www.universityhealthplans.com . If you have already received credit on your bill, please DO NOT DEDUCT again.</i>)	
6. Less loan applications completed but not yet disbursed:	
➤ Federal Direct Loans (Deduct Federal Origination Fee)	
➤ Direct Parent Loan (PLUS) – (Deduct Federal Origination Fee)	
➤ Perkins Loan	
➤ University Tuition Loan	
➤ Other: Please specify name:	
➤ Other: Please specify name:	
7. Less Grants accepted but not yet disbursed:	
➤ University Grant	
➤ Pell Grant	
➤ PHEAA or other state grant (<i>As stated on LU Financial Aid Award Letter</i>)	
➤ SEOG	
➤ Loan Elimination/Reduction	
➤ Other: Please specify name	
➤ Work Study <i>may not</i> be used as a deduction. Funds must be earned by the student as an hourly wage.	
8. Less Scholarships accepted but not yet disbursed:	
➤ University scholarship: Please specify name:	
➤ Other: Please specify name:	
➤ Other: Please specify name:	
9. Less 529 Tuition Savings Plan Distribution:	
9(a) Date of Withdraw Request:	
10. Total Deferred Amount for Pending Credits (add 5, 6, 7, 8 and 9)	
11. AMOUNT REMITTED: by August 1st to avoid \$200 late payment fee (Adjusted Total Charges less Pending Credits: line 4 minus line 10)	

REQUIRED SIGNATURES

A parent or guardian and the student must sign this form.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Deferral of any portion of the invoice balance shall constitute a loan in the amount of the deferral made by Lehigh University to the student and the parent/guardian by signing above. The deferral loan shall be paid without interest to Lehigh University immediately upon receipt by the student and/or Parent/Guardian of the funds anticipated from the indicated source(s). If the anticipated funds are not received, the deferral loan shall be repaid by student and/or Parent/Guardian to Lehigh University, on demand together with interest at 6% per annum. The deferral loan shall be the joint and several obligation of student and parent/guardian. Further, Student and Parents/Guardian acknowledge that the Deferral Loan shall constitute a "student loan" and shall not be discharged or dischargeable in any proceeding filed under the United States Bankruptcy Code.

Office Use Only: Date Received _____ Cleared for Registration by _____