

UNDERGRADUATE BURSAR PAYMENT WORKSHEET

FALL SEMESTER 2020

This worksheet must be completed by **August 15th** if you are paying an amount that is different than the amount that is listed on your invoice. You may submit this form via FileSender at financeadmin@lehigh.edu or mail to Bursar's Office, Lehigh University, 27 Memorial Drive West, Bethlehem, PA 18015. **Failure to complete and return this form by August 15th, 2020 will result in a registration hold**

Last _____ First _____ LIN _____

Daytime Phone _____ Email _____

Adjustment Description:	Amount:
1. Enter the "TOTAL DUE" from your invoice.	
2. Additional tuition charges <i>if you are not</i> registered full time but intend to	
3. Additional Fees if you are not registered full time but intend to (Technology, Activity)	
4. Net difference in charges in meal plan due to anticipated change in plan (NOTE: You must make formal change request through Housing Services)	
5. Adjusted Total Charges (add lines 1 through 4)	
6. Less Health Insurance option (<i>Entering an amount here DOES NOT WAIVE your coverage. Waive online at www.universityhealthplans.com If you have already received credit on your bill, please DO NOT DEDUCT again.</i>)	
7. Loans not accounted for on your invoice:	
<input type="checkbox"/> Federal Subsidized & Unsubsidized Direct Loans Less lender fees (multiply the Fall portions by .989 to determine amount to be disbursed):	
<input type="checkbox"/> Federal Direct Parent Loan (PLUS) Less lender fees (multiply the Fall portions by .957 to determine amount to be disbursed):	
<input type="checkbox"/> University Tuition Loan	
<input type="checkbox"/> Other: Please specify name	
<input type="checkbox"/> Other: Please specify name	
8. Grants and/or Scholarships not accounted for on your invoice:	
<input type="checkbox"/> Lehigh University Grant:	
<input type="checkbox"/> Grant – Specify Name	
<input type="checkbox"/> PHEAA or other state agency (<i>only if listed on LU Financial Aid Award Letter</i>)	
<input type="checkbox"/> SEOG	
<input type="checkbox"/> Loan Elimination or Loan Reduction Grant	
<input type="checkbox"/> Endowed or Sponsored University Scholarship(s):	
<input type="checkbox"/> Merit Scholarship: Please specify name	
<input type="checkbox"/> Other: Please specify name	
<input type="checkbox"/> Other: Please specify name	
NOTE: Work Study <i>may not</i> be used as a deduction.	
9. Amount of 529 Tuition Savings Plan Distributions:	
8 (a) Date of Withdraw Request:	
10. Total Deferred Amount for Pending Credits (add lines 6 through 9)	
11. AMOUNT REMITTED: by August 15th to avoid \$200 late payment fee (Adjusted Total Charges less Pending Credits: line 5 minus line 10)	

REQUIRED SIGNATURES – A Parent or Guardian and the student must sign this document.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

My/Our signatures above acknowledges the *Deferred Amount* constitutes a loan made by Lehigh University to me. This loan shall be paid to Lehigh University immediately upon receipt by the Student of the funds anticipated from the indicated source(s). If the anticipated funds are not received by date specified, this loan shall be repaid by Student to Lehigh University, on demand together with interest at 6% per annum. I authorize Lehigh University to obtain credit report(s) as needed to administer the issuance and collection of this loan. I acknowledge this loan shall constitute a "student loan" and shall not be discharged or dischargeable in any proceeding filed under the United States Bankruptcy Code. The academic records of the student are subject to be closed until I have satisfied all the requirements of this agreement. In the event of failure to repay this loan, I agree to pay collection fees up to 33 1/3 % of the unpaid Deferred Amount.

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