

UNDERGRADUATE BURSAR PAYMENT WORKSHEET

SPRING SEMESTER 2020

This worksheet must be completed **by January 2nd** 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/bursar](mailto:financeadmin@lehigh.edu), Fax (610) 758-3033 or mail to Bursar's Office, Lehigh University, 27 Memorial Drive West, Bethlehem, PA 18015.

Failure to complete and return by January 2, 2019 this form 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. Loans not accounted for on your invoice:	
<input type="checkbox"/> Federal Subsidized & Unsubsidized Direct Loans Less lender fees (multiply the Spring portions by .989 to determine amount to be disbursed):	
<input type="checkbox"/> Federal Direct Parent Loan (PLUS) Less lender fees (multiply the Spring 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	
7. Grants and/or Scholarships not accounted for on your invoice:	
<input type="checkbox"/> Lehigh University Grant:	
<input type="checkbox"/> Pell Grant	
<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.	
8. Amount of 529 Tuition Savings Plan Distributions:	
8 (a) Date of Withdraw Request:	
9. Total Deferred Amount for Pending Credits (add lines 6 through 8)	
10. AMOUNT REMITTED: <i>by January 2nd to avoid \$200 late payment fee</i> (Adjusted Total Charges less Pending Credits: line 5 minus line 9)	

REQUIRED SIGNATURES

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

Student Signature	Date	Parent/Guardian Signature	Date
-------------------	------	---------------------------	------

My signature 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 and/or Parent/Guardian 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 and/or Parent/Guardian to Lehigh University, on demand together with interest at 9% per annum. 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 named above are subject to be closed until I have satisfied all the requirements of this agreement. In the event of failure to repay this loan, borrower(s) agrees to pay collection fees up to 33 1/3% of the unpaid DELAY IN PAYMENT DEFERRED AMOUNT.

Office Use Only: <i>Date Received</i>	<i>Cleared for Registration by</i>
---------------------------------------	------------------------------------