OGS TA FEE DEFERMENT PROGRAM

Application/Payment Agreement 2011/12

Submit application to OGS, Student Services Center, 402 University Center, 4th floor, Mail Code 0003, 534-6562

_____ Student PID #: _____

Last Name First Name

Graduate Department: _____ Payroll ID # (If previously employed) _____

If you are hired as a Teaching Assistant at a minimum of 25% time, the University pays health insurance and partial fee remission for you. You are responsible for paying the balance of fees. The TA Fee Deferment program allows graduate students who have an appointment at a minimum of 25% to pay the balance of their registration fees (not nonresident supplemental tuition) through payroll deduction. DEADLINE: To avoid a $50 late fee, applications must be received in OGS one day prior to the registration fee deadline.

I request a Fee Deferment (loan) to pay the balance of my registration fees for the quarters indicated.

Fall	**2011**	☐	**($180.50)***
Winter	**2012**	☐	**($180.50)***
Spring	**2012**	☐	**($180.50)*** *(*Amount of fee deferment).*

Deductions will be taken in two equal installments from your second and third paychecks of each quarter:
Fall Quarter: December 1 & January 1 Winter Quarter: March 1 & April 1 Spring Quarter: June 1 & July 1

CALIFORNIA RESIDENTS – FEE INFORMATION*	FALL	WINTER	SPRING
TOTAL FEES 2011/12 (*Note*: *fees are subject to change*)	$4793.50	$4793.50	$4793.50
Less Health Insurance (paid by the University)	-549.00	-549.00	-549.00
Less Partial Fee Remission (paid by the University)	-4064.00	-4064.00	-4064.00
Balance to be deferred	$ 180.50	$ 180.50	$ 180.50

NON-CALIFORNIA RESIDENTS – FEE INFORMATION*	FALL	WINTER	SPRING
TOTAL FEES 2011/12 (*Note: fees are subject to change*)	$4793.50	$4793.50	$4793.50
Less Health Insurance (paid by the University)	-549.00	-549.00	-549.00
Less Partial Fee Remission (paid by the University)	-4064.00	-4064.00	-4064.00
Balance to be deferred	$ 180.50	$ 180.50	$ 180.50

**Fees are different for IR/PS and professional programs. Refer to the website of the appropriate program.*

CERTIFICATION OF APPOINTMENT: ***(To be signed by the Department Coordinator, or attach other verification of employment).***

Appointing Department: _____

Appointment Title: _____ % Time: _____

Period of Appointment: from: _____ to: _____

_____
Department Signature

NOTICE OF YOUR FINANCIAL RIGHTS AND RESPONSIBILITIES:

Accepting this fee deferment/loan is a legal obligation. It is important that you understand your rights and responsibilities. This statement is provided to inform you of these rights and responsibilities, and in signing this statement, you indicate that you understand and agree to honor them as follows:

1. *I must currently be enrolled and hold an appointment at UCSD to qualify for this fee deferment/loan.*
2. *I authorize the University to deduct the sum of the amount of the fee deferment/loan from my paycheck in two equal deductions from the second and third paychecks of the quarter. (Dec. 1 & Jan. 1 for Fall; March 1 & April 1 for Winter; June 1 & July 1 for Spring).*
3. *If any of the amount remains unpaid upon expiration of appointment, I authorize the University to deduct the remaining amount from any and all sums due me from the University. Additionally, if any balance remains after my final payroll check, I will remit the unpaid balance by personal check or money order.*
4. *I understand that if this loan is not paid as agreed, my registration and fee payments for subsequent school terms will be prohibited until my account Is current.*
5. *If I still fail to fulfill my promise to repay, my account may be referred to a collection agency, a credit reporting agency and/or legal action.*

PROMISE TO REPAY: For value received, I promise to repay (through payroll deduction) to the Regents of California, the sum listed below according to the terms of this contract.

$_____ _____ _____

Total Amount **Student Signature** **Date**

WHITE COPY: OGS YELLOW COPY: Student Retain