

PITZER COLLEGE
Tuition Management Systems (TMS)
Your Monthly Payment Planner
2008-09

1. Enter your *estimated* Annual expenses.

		<u>Fall 2008</u>	<u>Spring 2009</u>	<u>Annual</u>
PREVIOUS BALANCE DUE:		\$ _____	\$ _____	\$ _____
TUITION:	Full-Time	\$ <u>17,250</u>	\$ <u>17,250</u>	\$ <u>34,500</u>
	Other	\$ _____	\$ _____	\$ _____
ROOM:	Double	\$ <u>3,485</u>	\$ <u>3,485</u>	\$ <u>6,970</u>
	Single	\$ <u>3,966</u>	\$ <u>3,966</u>	\$ <u>7,932</u>
	Other	\$ _____	\$ _____	\$ _____
BOARD:	16 Meals +\$160 Flex dollars	\$ <u>1,980</u>	\$ <u>1,980</u>	\$ <u>3,960</u>
	12 Meals +\$120 Flex dollars	\$ <u>1,819</u>	\$ <u>1,819</u>	\$ <u>3,638</u>
	5 Meal Plan (off campus students only)	\$ <u>775</u>	\$ <u>775</u>	\$ <u>1,550</u>
	Other	\$ _____	\$ _____	\$ _____
FACILITIES FEE (required):		\$ <u>1,192</u>	\$ <u>1,192</u>	\$ <u>2,384</u>
CAMPUS ACTIVITIES FEE (required):		\$ <u>363</u>	\$ <u>363</u>	\$ <u>726</u>
STUDENT ACTIVITIES FEE (required):		\$ <u>130</u>	\$ <u>130</u>	\$ <u>260</u>
<i>* All students are required to pay Facilities Fee, Campus Activities Fee and Student Activities Fee.</i>				
MEDICAL INSURANCE (estimated annual premium):		All Students		\$ <u>910</u>
<i>* Waiver must be on file in order not to be charged.</i>				
OTHER FEES:		\$ _____	\$ _____	\$ _____
<i>* Baxter Medical Fees, Lab Fees, Parking Fees, Library Fines, Dorm Fines, Re-Keying Charges, Traffic Citations, Private Music Lessons, and miscellaneous other charges are billed to you on your itemized statement from PITZER.</i>				
TOTAL ANNUAL EXPENSES:		\$ _____	\$ _____	\$ _____

2. Enter your *estimated* Annual deductions. Use aid estimates if available, use last year's amount, or enter zero. Do *not* include work study.

		<u>Fall 2008</u>	<u>Spring 2009</u>	<u>Annual</u>
PREVIOUS CREDIT:		\$ _____	\$ _____	\$ _____
FINANCIAL AID: (from Financial Aid Award letter)				
Grants and Scholarships:				
Pell Grant		\$ _____	\$ _____	\$ _____
SEOG Grant		\$ _____	\$ _____	\$ _____
CAL Grant		\$ _____	\$ _____	\$ _____
Pitzer Grant		\$ _____	\$ _____	\$ _____
Other: (please list) _____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
Outside Scholarships: (please list)				
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
<i>* Contact Financial Aid Office before using this deduction.</i>				
Loans:				
Perkins		\$ _____	\$ _____	\$ _____
Stafford Subsidized (Amount borrowed less 4% loan fee)		\$ _____	\$ _____	\$ _____
Stafford Unsubsidized (Less 4% loan fee)		\$ _____	\$ _____	\$ _____
PLUS (Less 4% loan fee)		\$ _____	\$ _____	\$ _____
Deposits Paid				
		\$ _____	\$ _____	\$ _____
TOTAL ANNUAL DEDUCTIONS:		\$ _____	\$ _____	\$ _____

NOTE: WORK STUDY AWARDS should NOT be included in Plan. Student is paid directly each month based on hours worked. If needed toward monthly payments, checks should be banked. Student should send a personal check home to parent(s) to assist with TMS payments. Work Study Amount Awarded: \$ _____. **This is for your information only.**

3. Subtract Deductions from Expenses to arrive at **Payment Plan Amount.**

Total Annual Expenses	\$ _____
Total Annual Deductions	- \$ _____
Your Annual Payment Plan Amount	= \$ _____*

** Enter this amount here and on Enrollment Form on next page.*

4. Choose **Your Monthly Payment Plan.**

- **12** Monthly Payments from May 1 to April 1
- **10** Monthly Payments from July 1 to April 1

5. Divide **Your Annual Payment Plan Amount** (step 3) by the **Number of Monthly Payments** in your plan (step 4).

Your Monthly Payment Plan Amount	= \$ _____
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6. Complete **Enrollment Form** on next page.

