

SARAH • LAWRENCE • COLLEGE

2008-2009 Billing Adjustment Worksheet for Graduate Students

Print Name: _____ Student I.D. # _____

Daytime Telephone Number at which you can be reached in case of questions regarding your adjustments: _____

• **Amount Due:** (from Statement of Account) (A) \$ _____

ADJUSTMENTS TO AMOUNT DUE (fall semester only)

• **Tuition Adjustment:** If you intend to take a different number of credits in the spring semester than the number for which you were billed, **Add or subtract the difference in cost here** (B) \$ _____

• **Health Insurance:** If you are covered by another insurance plan, attach waiver and a copy of your insurance card **Subtract \$1,870** (C) \$ _____

• **Meal Plan:** If you wish to enroll in a meal plan, **add the cost of the meal plan here:** (D) \$ _____

• **Tuition Refund Insurance, \$260:** (E) \$ _____

• **Other Adjustments:** Financial Aid credits must be confirmed by the Office of Financial Aid. **Detail Financial Aid or other adjustments not appearing on your Statement of Account here:**

_____ (F) \$ _____

• Add lines (B) through (F) and enter **Total Adjustments:** (G) \$ _____

• Subtract/add total adjustments (G) and amount due (A). This is your **Adjusted Amount Due:** \$ _____

• **Monthly Payment Plan Financing:** Divide the "Annual Budget Amount" (from the MPP application) by two and enter the amount here: \$ _____

NOTE: If the Adjusted Amount Due is greater than the MPP Financing, you owe the College the difference. **The balance must be paid in full by August 15, 2008.**

Additional Comments: _____