GRADUATE DIVISION TA FEE DEFERMENT PROGRAM

Application and Payment Agreement 2018-2019Submit application to the Graduate Division, Mail Code 0003, (858) 534-6562

Cardinate Department Student PID								
If you are hired as a Teaching Assistant (TA) or Associate-In (sub 0, fixed salary) at a minimum of 25% for the entire quarter, IIC San Diego (the University) pays graduate student health incurrance (GSHP) and partial fee remission for you. You are responsible for paying the halance of fees. The TA Fee Determent program allows graduate students appointed at a minimum of 12% for the centre quarter to pay the balance of fees. The TA Fee Determent supplemental ruition) through payroll deduction. Deductions will be taken in two equal installments from your second and third paychecks of each quarter: Fall Quarter, Durch 1 and January 1: Winter Quarter, March 1 and April 1: Spring Quarter, Junc 1 and July 1. DEADLINE: To avoid a \$50 late fee, applications must be received by the Graduate Division at least five (5) business days prior to Registration Fee deadline. CALIFORNIA RESIDENTS AND NON-CALIFORNIA RESIDENTS - FALL WINTER SPRING FEE INFORMATION 2018-2019 Total Fees	Last Name, First N	Vame						Student PID
pages graduate student health insurance (GSHP) and partial five remission for you. You are responsible for paying the balance of fees. The TA Fee Deferment program allows graduate students appointed at a minimum of 25% for the entire quarter to pay the balance of fees their registration (seekulding nonresident supplemental tutton) through payroll deduction. Deductions will be taken in two equal installments from your second and third paychecks of each quarter: Fall Quarter, December 1 and planuary 1; Winter Quarter, March 1 and Applications must be received by the Graduate Division at least five (5) business days prior to Registration Fee deadline. CALIFORNIA RESIDENTS AND NON-CALIFORNIA RESIDENTS - FALL WINTER SPRING FEE INFORMATION 2018-2019 CALIFORNIA RESIDENTS AND NON-CALIFORNIA RESIDENTS - FALL WINTER SPRING FEE INFORMATION 2018-2019 CALIFORNIA RESIDENTS AND NON-CALIFORNIA RESIDENTS - FALL WINTER SPRING FEE INFORMATION 2018-2019 CREATED TO A STATE OF THE CONTROL OF THE CON	Graduate Departr	nent						Payroll ID (if previously employed)
CALIFORNIA RESIDENTS AND NON-CALIFORNIA RESIDENTS - FALL WINTER SPRING FEE INFORMATION 2018-2019 Total Fees (Paid by the University) Less Health Insurance Less Health Insuranc	pays graduate program allow supplemental t	student health insurance (GSHI is graduate students appointed tuition) through payroll deducti	IP) and partial at a minimum ion. Deduction	fee remission for you of 25% for the entire ns will be taken in tw	u. You are resp e quarter to pay o equal installi	oonsible for pay y the balance o ments from you	ying the balance of their registration ur second and th	of fees. The TA Fee Deferment on fees (excluding nonresident
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Balance to be deferred: \$275.62 \$175.62 \$175.62 FREE DEFERMENT REQUEST Trequest a Fee Deferment (loan) to pay the balance of my registration fees for the quarters indicated: Fall 2018 \$275.62* Winter 2019 \$175.62* Spring 2019 \$175.62* Appointment Goordinator (Print Name) Department Coordinator (Print Name) Department Coordinator (Print Name) Department Coordinator (Print Name) Department Coordinator (Print Name) Department 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 UC San Diego 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 (December 1 & January 1 for Fall; March 1 & April 1 for Winter; Jun 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.		FEE INFORMATION 2018-2019 Total Fees (Paid by the University) Less Health Insurance			'S -	\$5668.62 -1203.00	\$5668.62 -1203.00	\$5668.62 -1203.00
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CERTIFICATION OF APPOINTMENT (To be completed by Department Coordinator; attach offer letter as verification of employment.) Appointment Begin Appointment End Department Coordinator (Print Name) Department Coordinator 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 UC San Diego 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 (December 1 & January 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			he balance o	f my registration fe	ees for the qu	arters indica	ted:	
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Date

Total Amount

Student Signature