

Syracuse University

2025-2026 Monthly Payment Option

Retail Installment Obligation

FEDERAL TRUTH IN LENDING ACT DISCLOSURES

ANNUAL PERCENTAGE RATE (APR)	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you is a signature limit not to exceed \$95,000.00*	The amount you will have paid after you have made all payments as scheduled will not exceed \$95,000.00* plus the application fee of \$75.00
0.00%	\$0.00		

PAYMENT SCHEDULE: ESTIMATED NUMBER OF PAYMENTS: 11. FALL SEMESTER: PAYMENTS BEGIN IN JUNE AND CONCLUDE IN OCTOBER. SPRING SEMESTER: PAYMENTS BEGIN IN NOVEMBER AND END IN APRIL. ESTIMATED PAYMENT AMOUNT IS \$8,636.36 SUBJECT TO ADJUSTMENTS FROM FINANCIAL AID AND OTHER CHARGES AND CREDITS.

SECURITY [X] THIS LOAN IS UNSECURED.

SEE THE "TERMS AND CONDITIONS" SECTION BELOW FOR ADDITIONAL INFORMATION ABOUT NONPAYMENT, DEFAULT, THE RIGHT TO ACCELERATE THE MATURITY OF THE OBLIGATION AND PREPAYMENT REBATES AND PENALTIES.

PREPAYMENT: YOU MAY PREPAY THIS DEBT IN FULL OR IN PART AT ANY TIME WITHOUT PENALTY.

There is an annual nonrefundable application fee of \$75 for participation in this plan.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE IN FULL.

Student's name _____
LAST FIRST MIDDLE

SUI.D. number _____ E-mail address _____

Billing address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Cell phone (_____) _____

THIS INFORMATION IS NECESSARY FOR THE CALCULATION OF YOUR CONTRACT:

A. STUDENT STATUS

- ☐ Undergraduate
- ☐ Graduate/JDi(3 payments for fall/spring)
- ☐ Law
- ☐ Semester abroad
- ☐ SUNY ESF (room and board only)

B. FINANCIAL AID

1. Do you anticipate receiving financial aid? (*this includes student loans*)
☐ Yes ☐ No
2. Do you anticipate receiving aid from non-University sources?
(*outside scholarships, etc.*) ☐ Yes ☐ No
If yes, provide documentation of this non-University aid to the Office of Financial Aid.

C. HOUSING AND MEAL PLAN CHARGES are posted to your Bursar account by the Housing Office. They will be calculated into your payment plan automatically when posted. **Any requests for, or changes to, housing and/or meal plans must be made directly to the Housing Office.**

TERMS AND CONDITIONS:

NONPAYMENT/DEFAULT: If you fail to make a scheduled payment at any time you will be in default of your payment obligations and your account may be turned over to a collection agency or attorneys for the purposes of collecting the entire unpaid balance on your account. The obligor shall pay all costs of collection incurred by the University including reasonable attorney fees. The University may bar you from SU registration, including canceling your SU pre-registration; and/or withhold diplomas until the account is current. Payments must be current to participate in future semester registration.

ACCELERATION RIGHTS/ PREPAYMENT PENALTIES AND REBATES: You have the right to accelerate your obligation and pay off the entire balance of your account at any time. No penalty will be assessed for prepayment. You are not entitled to any rebates upon prepayment.

IMPORTANT NOTICE

This monthly payment plan option seeks an extension of credit for the purpose of an educational benefit. By signing this application, in consideration of Syracuse University's willingness to permit the student to attend classes and receive housing, meals, and/or other services available to enrolled students without first paying the applicable tuition and fees, the undersigned agrees to pay all applicable tuition and fees for the 2025-2026 academic year. (For reference purposes only, last year's undergraduate tuition was \$63,710.00)

*Your outstanding charges may vary from this amount, depending on such factors as the number of credit hours that the student is registered for, financial aid awarded and accepted, the type of housing and meal plan requested (if any), and any other charges that may occur from time to time.

PERSON FINANCIALLY RESPONSIBLE

Mr.
Mrs. _____
Ms. _____
LAST FIRST MIDDLE
Permanent home address _____
NUMBER AND STREET CITY STATE ZIP CODE
Telephone (_____) _____ Cell phone (_____) _____
AREA CODE
E-mail address _____
Place of employment _____ Telephone (_____) _____ Ext. _____
AREA CODE
Occupation _____ Relationship to student _____
Business address _____
NUMBER AND STREET CITY STATE ZIP CODE

BY SIGNING BELOW, I CERTIFY THAT ALL OF THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT.

NOTICE TO THE BUYER:

1. Do not sign this agreement before you read it or if it contains any blank space(s).
2. You are entitled to a completely filled in copy of this agreement.
3. Under the law, you have the right to pay off in advance the full amount due.

RESPONSIBLE PARTY SIGNATURE

DATE

RESPONSIBLE PARTY NAME PRINTED

PLEASE RETURN SIGNED FORM TO:

Bursar@syr.edu

Syracuse University
119 Bowne Hall
Syracuse, NY 13244