

By signing this worksheet below, you agree to satisfy the obligations pertaining to students as they are stated in CCA's Student Handbook and on the College's Website (and as revised from time to time by the College and as interpreted by the College officers) and **to pay amounts due, stated here and in any later billing worksheets and/or statements.** Please refer to the **Summer Refund Policy** [HERE](#). Housing information is available online [HERE](#). **Please note:** Please know that refunds of tuition or fees and exemption from payment obligations are not available if the institution fails, or becomes limited in making complete, quality or timely delivery of educational or other services due to pandemic, weather or air quality, governmental action, strikes, work stoppages or other labor and civic unrest or other regional or national disasters.

Name _____ CCA ID _____

Fees	
Units	
Tuition <i>Refer to the Study abroad fees HERE. Undergrad:\$ 1,000 per unit, Grad:\$1,892 per unit</i>	+
Nonrefundable Registration Fee	+ 50.00
CCA Housing <i>Refer to the Summer housing information HERE.</i>	+
Meal Plan Requirement (<i>\$1,124 for Summer only</i>)	+
Subtract Payments Made	-
Total Fees	=

Estimated Financial Aid	
Federal aid is available if you are taking at least 6 units. Awards subject to change, please refer to your Awards letter.	
CCA Scholarship	+
Other Scholarship <i>Please specify:</i>	+
Pell Grant	+
Direct Subsidized Loan <i>Deduct 1.057 % origination fee for this loan</i>	+
Direct Unsubsidized Loan <i>Deduct 1.057 % origination fee for this loan</i>	+
Direct PLUS Loan <i>Deduct 4.228 % origination fee for this loan</i>	+
Other Aid <i>Please specify:</i>	+
Total Aid	=
Payment Due <i>If Total Fees > Total Financial Aid</i>	=
Refund Due <i>If Total Fees < Total Financial Aid</i>	=

Payment Plans: Select One Below	
Pay In Full: <input type="checkbox"/> Pay In Full Due May 5	
3 Months Plan: <input type="checkbox"/> Divide Payment Due by 3, due May 5, June 5, and July 5	

- * I agree to familiarize myself with the Summer Refund Policy as stated on the College's Website (portal.cca.edu).
- * I assume and agree to satisfy all my financial obligations of these educational benefits as a student at CCA.
- * I understand that it is my responsibility to update my address information, including phone number/s and e-mail address.
- * Failure to receive a reminder bill does not relieve me of my responsibility to make a payment.
- * I understand that a HOLD will be placed on my records to block future registration if my account is past due. In addition, my classes will be dropped if I fail to pay by the due date.
- * I understand that if my account is past due a \$50 late fee will be assessed to my account each month until the balance is paid in full. Further delinquency may result in my account being referred to an outside collection agency. Please note that you will be liable for all costs and legal fees incurred in the collection process.
- * I understand and agree should I have any balance due at any given time, I hereby authorize CCA and/or its agents, including collection agencies, to contact me in an effort to collect outstanding debt, by use of pre-recorded messages, voice messages and other calls and to record calls, and by using all forms of telecommunications, including cellular phone, and/or all forms of electronic technology.

Student Signature _____ Date _____

Please retain a copy for your records. Email your completed billing worksheet to studentaccounts@cca.edu.