

**THE COLLEGE OF NEW JERSEY
GRADUATE
IN-STATE
FALL 2015/SPRING 2016**

PART-TIME (LESS THAN 9 CREDITS PER SEMESTER)

<u>CREDIT HOURS</u>	<u>TUITION</u>	<u>GENERAL SERVICE / CAPITAL</u>	<u>STUDENT SERVICE</u>	<u>COMPUTING ACCESS</u>	<u>STUDENT CENTER</u>	<u>CARD SERVICE FEE</u>	<u>TOTAL</u>
1/2	347.46	58.80	13.42	8.09	5.30	10.00	443.06
1	694.92	117.59	26.83	16.17	10.60	10.00	876.11
2	1,389.84	235.18	53.66	32.34	21.20	10.00	1,742.22
3	2,084.76	352.77	80.49	48.51	31.80	10.00	2,608.33
4	2,779.68	470.36	107.32	64.68	42.40	10.00	3,474.44
5	3,474.60	587.95	134.15	80.85	53.00	10.00	4,340.55
6	4,169.52	705.54	160.98	97.02	63.60	10.00	5,206.66
7	4,864.44	823.13	187.81	113.19	74.20	10.00	6,072.77
8	5,559.36	940.72	214.64	129.36	84.80	10.00	6,938.88

FULL-TIME (9 OR MORE CREDITS PER SEMESTER)

<u>CREDIT HOURS</u>	<u>TUITION</u>	<u>GENERAL SERVICE / CAPITAL</u>	<u>STUDENT SERVICE</u>	<u>COMPUTING ACCESS</u>	<u>STUDENT CENTER</u>	<u>CARD SERVICE FEE</u>	<u>TOTAL</u>
9	6,254.28	1,058.31	241.47	145.53	95.40	10.00	7,804.99
10	6,949.20	1,175.90	268.30	161.70	106.00	10.00	8,671.10
11	7,644.12	1,293.49	295.13	177.87	116.60	10.00	9,537.21
12	8,339.04	1,411.08	321.96	194.04	127.20	10.00	10,403.32
13	9,033.96	1,528.67	348.79	210.21	137.80	10.00	11,269.43
14	9,728.88	1,646.26	375.62	226.38	148.40	10.00	12,135.54
15	10,423.80	1,763.85	402.45	242.55	159.00	10.00	13,001.65
16	11,118.72	1,881.44	429.28	258.72	169.60	10.00	13,867.76
17	11,813.64	1,999.03	456.11	274.89	180.20	10.00	14,733.87
18	12,508.56	2,116.62	482.94	291.06	190.80	10.00	15,599.98
19	13,203.48	2,234.21	509.77	307.23	201.40	10.00	16,466.09
20	13,898.40	2,351.80	536.60	323.40	212.00	10.00	17,332.20

HEALTH INSURANCE - ACADEMIC YEAR

PASS THROUGH ANNUAL CHARGE FOR FULL-TIME STUDENTS WITHOUT PERSONAL INSURANCE

GRADUATE STUDENTS 2,150.00

Note: All graduate full-time students will be initially charged the pass through health insurance charge in the fall semester for the academic year. Full-time students have the opportunity to waive/opt out of this coverage by providing evidence of health insurance coverage to the insurance company by the waiver deadlines established by the college.

OFFICE OF STUDENT ACCOUNTS
GREEN HALL 119, PO BOX 7718
EWING, NEW JERSEY 08628-0718

OFFICE: 609/771-2172
FAX: 609/637-5111
EFFECTIVE DATE: 7/8/2015
UPDATED: 7/8/2015