## THE COLLEGE OF NEW JERSEY GRADUATE IN-STATE FALL 2014/SPRING 2015

## **PART-TIME (LESS THAN 9 CREDITS PER SEMESTER)**

		<u>GENERAL</u>					
CREDIT		SERVICE /	<b>STUDENT</b>	<u>COMPUTING</u>	<b>STUDENT</b>	<b>STUDENT</b>	
<u>HOURS</u>	<u>TUITION</u>	<u>CAPITAL</u>	<u>SERVICE</u>	<u>ACCESS</u>	<u>CENTER</u>	<u>ID FEE</u>	<u>TOTAL</u>
1/2	337.34	57.09	13.03	7.85	5.15	10.00	430.46
1	674.68	114.17	26.05	15.70	10.29	10.00	850.89
2	1,349.36	228.34	52.10	31.40	20.58	10.00	1,691.78
3	2,024.04	342.51	78.15	47.10	30.87	10.00	2,532.67
4	2,698.72	456.68	104.20	62.80	41.16	10.00	3,373.56
5	3,373.40	570.85	130.25	78.50	51.45	10.00	4,214.45
6	4,048.08	685.02	156.30	94.20	61.74	10.00	5,055.34
7	4,722.76	799.19	182.35	109.90	72.03	10.00	5,896.23
8	5,397.44	913.36	208.40	125.60	82.32	10.00	6,737.12

## **FULL-TIME (9 OR MORE CREDITS PER SEMESTER)**

		GENERAL					
<u>CREDIT</u>		SERVICE /	<b>STUDENT</b>	COMPUTING	<u>STUDENT</u>	<b>STUDENT</b>	
<b>HOURS</b>	<b>TUITION</b>	<b>CAPITAL</b>	<b>SERVICE</b>	<u>ACCESS</u>	<b>CENTER</b>	<u>ID FEE</u>	<u>TOTAL</u>
9	6,072.12	1,027.53	234.45	141.30	92.61	10.00	7,578.01
10	6,746.80	1,141.70	260.50	157.00	102.90	10.00	8,418.90
11	7,421.48	1,255.87	286.55	172.70	113.19	10.00	9,259.79
12	8,096.16	1,370.04	312.60	188.40	123.48	10.00	10,100.68
13	8,770.84	1,484.21	338.65	204.10	133.77	10.00	10,941.57
14	9,445.52	1,598.38	364.70	219.80	144.06	10.00	11,782.46
15	10,120.20	1,712.55	390.75	235.50	154.35	10.00	12,623.35
16	10,794.88	1,826.72	416.80	251.20	164.64	10.00	13,464.24
17	11,469.56	1,940.89	442.85	266.90	174.93	10.00	14,305.13
18	12,144.24	2,055.06	468.90	282.60	185.22	10.00	15,146.02
19	12,818.92	2,169.23	494.95	298.30	195.51	10.00	15,986.91
20	13,493.60	2,283.40	521.00	314.00	205.80	10.00	16,827.80

## **HEALTH INSURANCE - ACADEMIC YEAR**

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

**GRADUATE STUDENTS** 

2,152.00

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	OFFICE: 609/771-2172
GREEN HALL 119, PO BOX 7718	FAX: 609/637-5111
EWING, NEW JERSEY 08628-0718	EFFECTIVE DATE: 7/9/2014
	UPDATED: 7/9/2014