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

PART-TIME (LESS THAN 9 CREDITS PER SEMESTER)

		<u>GENERAL</u>					
CREDIT		SERVICE /	STUDENT	COMPUTING	STUDENT	STUDENT	
<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	532.07	57.09	13.03	7.85	5.15	10.00	625.19
1	1,064.14	114.17	26.05	15.70	10.29	10.00	1,240.35
2	2,128.28	228.34	52.10	31.40	20.58	10.00	2,470.70
3	3,192.42	342.51	78.15	47.10	30.87	10.00	3,701.05
4	4,256.56	456.68	104.20	62.80	41.16	10.00	4,931.40
5	5,320.70	570.85	130.25	78.50	51.45	10.00	6,161.75
6	6,384.84	685.02	156.30	94.20	61.74	10.00	7,392.10
7	7,448.98	799.19	182.35	109.90	72.03	10.00	8,622.45
8	8,513.12	913.36	208.40	125.60	82.32	10.00	9,852.80

FULL-TIME (9 OR MORE CREDITS PER SEMESTER)

		<u>GENERAL</u>					
<u>CREDIT</u>		SERVICE /	STUDENT	<u>COMPUTING</u>	<u>STUDENT</u>	STUDENT	
HOURS	<u>TUITION</u>	<u>CAPITAL</u>	<u>SERVICE</u>	<u>ACCESS</u>	<u>CENTER</u>	<u>ID FEE</u>	<u>TOTAL</u>
9	9,577.26	1,027.53	234.45	141.30	92.61	10.00	11,083.15
10	10,641.40	1,141.70	260.50	157.00	102.90	10.00	12,313.50
11	11,705.54	1,255.87	286.55	172.70	113.19	10.00	13,543.85
12	12,769.68	1,370.04	312.60	188.40	123.48	10.00	14,774.20
13	13,833.82	1,484.21	338.65	204.10	133.77	10.00	16,004.55
14	14,897.96	1,598.38	364.70	219.80	144.06	10.00	17,234.90
15	15,962.10	1,712.55	390.75	235.50	154.35	10.00	18,465.25
16	17,026.24	1,826.72	416.80	251.20	164.64	10.00	19,695.60
17	18,090.38	1,940.89	442.85	266.90	174.93	10.00	20,925.95
18	19,154.52	2,055.06	468.90	282.60	185.22	10.00	22,156.30
19	20,218.66	2,169.23	494.95	298.30	195.51	10.00	23,386.65
20	21,282.80	2,283.40	521.00	314.00	205.80	10.00	24,617.00

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