THE COLLEGE OF NEW JERSEY **UNDERGRADUATE IN-STATE FALL 2023**

	_	
DADT TIME	(LESS THAN 3 UNITS PER SEMESTER)	
PARI-IIIVIE	F	
I WILL I HAIF	(LLSS IIIAIA S CIAIIS I EN SEIVIES IEN)	

		GENERAL SERVICE /	STUDENT	<u>STUDENT</u>	CARD	
<u>UNIT</u>	TUITION	<u>CAPITAL</u>	ACTIVITY	CENTER	SERVICE	TOTAL
0.25	521.58	139.36	13.40	12.56	10.00	696.90
0.50	1,043.16	278.72	26.80	25.12	10.00	1,383.80
0.75	1,564.74	418.08	40.20	37.68	10.00	2,070.70
1.00	2,086.32	557.44	53.60	50.24	10.00	2,757.60
1.25	2,607.90	696.80	67.00	62.80	10.00	3,444.50
1.50	3,129.48	836.16	80.40	75.36	10.00	4,131.40
1.75	3,651.06	975.52	93.80	87.92	10.00	4,818.30
2.00	4,172.64	1,114.88	107.20	100.48	10.00	5,505.20
2.25	4,694.22	1,254.24	120.60	113.04	10.00	6,192.10
2.50	5,215.80	1,393.60	134.00	125.60	10.00	6,879.00
2.75	5,737.38	1,532.96	147.40	138.16	10.00	7,565.90
FULL-TIME (3	OR MORE UNITS	S PER SEMESTER)				

	GENERAL SERVICE /	STUDENT	STUDENT	CARD	
TUITION	<u>CAPITAL</u>	ACTIVITY	CENTER	SERVICE	<u>TOTAL</u>
7,353.00	1,682.00	160.00	147.50	10.00	9,352.50

ROOM/BOARD RATES - PER SEMESTER

MEALS PER WEEK	<u>ROOM</u>	<u>BOARD</u>	<u>TOTAL</u>
19 MEALS PER WEEK	5,073.85	2,710.71	7,784.56
15 MEALS PER WEEK	5,073.85	2,654.24	7,728.09
10 MEALS PER WEEK	5,073.85	2,592.11	7,665.96
A LA CARTE MEAL PLAN (JUNIORS AND SENIORS ONLY)	<u>ROOM</u>	BOARD	TOTAL
A LA CARTE 1	5,073.85	2,202.45	7,276.30
A LA CARTE 2	5,073.85	1,891.85	6,965.70
APARTMENT PLAN (HAUSDOERFFER & PHELPS)	5,073.85	1,085.42	6,159.27

CAMPUS TOWN DOLLARS (BASE AMOUNT ADDED TO ALL PLANS)	100.00
CAMPOS TOWN DOLLARS (BASE AMOUNT ADDED TO ALL PLANS)	100.00

COMMUTER MEAL PLANS - ACADEMIC YEAR	
COMMUTER MEAL PLAN A - 3 MEALS PER WEEK	649.44
COMMUTER MEAL PLAN B - 2 MEALS PER WEEK	361.43
BLOCK PLAN 50	480.03
BLOCK PLAN 25	248.48

HEALTH INSURANCE - ACADEMIC YEAR

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

UNDERGRADUATE STUDENTS 2,611.00

Note: All undergraduate 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: 07/01/2023 UPDATED: 07/05/2023