



MAIL PAYMENT TO:
 Finger Lakes Community College
 Gemini Program
 3325 Marvin Sands Drive
 Canandaigua, NY 14424

Spring 2024 Gemini Payment Form – Due March 6, 2024

INSTRUCTIONS: After registering for Gemini courses online at www.flcc.edu/gemini you must submit this payment form with your Social Security Number. Fee waiver students do not need to mail payment.

SECTION I: Student Information. *REQUIRED*

Student's Legal Name: _____ Date of Birth: _____
No Nicknames

Social Security No: Phone Number: _____ - _____ - _____
REQUIRED

Did you register online at www.flcc.edu/gemini? YES _____ NO _____ Email: _____
IF NO, YOUR PAYMENT WILL NOT BE PROCESSED UNTIL YOU REGISTER

SECTION II: Gemini Fee Waiver Terms **The Gemini fee is \$5.00 per credit hour**

You are eligible for the fee waiver if your household income is at or below the amount listed in the chart.

Household Size	2	3	4	5	6	7	8
Annual Income	\$36,482	\$45,991	\$55,500	\$65,009	\$74,518	\$84,002	\$93,536

- My household income is below the amount in the chart. I am eligible for the fee waiver (*I will not submit payment*).
 My household income exceeds the amount in the chart. I am responsible for the \$5 per credit hour fee.

SECTION III: Amount Due Write down the courses you registered for and each course fee. Compute the total. Submit all course fees in ONE payment method (Paying by check is preferred).

Course _____ Credits _____ Fee _____ Course _____ Credits _____ Fee _____

Course _____ Credits _____ Fee _____ Course _____ Credits _____ Fee _____

High School Name: _____ Total Amount Due: _____ (\$0 for fee waiver)

SECTION IV: Payment Type. Complete this section ONLY if you are responsible for the \$5 per credit hour fee. DO NOT MAIL CASH

Option 1: Pay by Check (Preferred Method) Include the student's name on the memo line of the check (or money order). Staple the check to this form. Mail this form and the payment to the address listed above. Make checks payable to FLCC. **Do not send separate checks for each course.**

Option 2: Pay by Credit Card Continue to page 2 of this form. Do not leave any information blank. Mail both pages of this form to the address listed above.



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Pay by Credit Card:

Master Card, Visa or Discover Number:

3-digit code on back of card:
REQUIRED

Expiration Date:
REQUIRED

CARD TYPE: Mastercard
Visa
Discover

Cardholder's Name: _____
First *Last* *Middle*

Cardholder's Mailing Address from Credit Card Statement:

Address *City* *State* *Zip Code*

Cardholder's Phone w/area code: _____ - _____ - _____ **TOTAL AMOUNT DUE:** _____

By signing below, I agree to pay the above-mentioned total amount. I acknowledge that I have read and understand the statements and policies as set in the FLCC Catalog and Course Listing Publications.

X _____ **(Cardholder's Signature)** _____ **(Date)**

Student Name: _____

Questions? Email or call Gemini at Gemini@flcc.edu or 585-785-1669