



## Fall Gemini Payment Form – Due November 14, 2025

- Submit Gemini registration on your MyGemini Account by October 10 at <a href="https://mygemini.flcc.edu/">https://mygemini.flcc.edu/</a>
- Complete Section I to confirm registration. Section II is only required if you need to make a payment.
- Mail payment form to the FLCC One Stop Office at the address above.

SECTION 1	: Student Inform	ation. All	students	s are req	uired to d	complete	Section	1	
First and Last Name: Date of Birth:									
High School:			Phone Number:						
Did you register online? YES NO (Submit this for						after you i	register)		
FLCC ID Number (Find this in your MyGemini Account)									
The fee is \$7.00/credit hour. You receive a fee waiver if your household income is below the amount listed.									
	Household Size (# of people)	2	3	4	5	6	7	8	
	Annual Income	\$39,128	\$49,303	\$59,487	\$69,653	\$79,828	\$90,003	\$100,178	
For each additional household member add \$10,175 annual income.									
My household income is below the amount in the chart. I am exempt from the \$7 per credit hour fee. (Skip Section II)									
My household income exceeds the amount in the chart. I am responsible for the \$7 per credit hour fee.									
SECTION II: Complete if you are responsible for the \$7 per credit hour fee. NO CASH.									
Pay by Check: Write the student's name on the memo line of the check. Mail this form, along with payment, to the address listed above. Make check payable to Finger Lakes Community College.									
Pay by Credit Card:									
	d, Visa, or Discover Nu	umber:							
Three-digit code on back of card: Expiration Date: Card Type: Master Card									
F	REQUIRED		REQ	UIRED	Month Y	ear	REQUIR	ED Visa Ca Discov	··· <del>··</del>
D: ( O					WORLT T	cai		Discov	or ouru
Print <u>Cardholder's</u> Name:							Mide	dle	
Print <u>Cardholder's</u> Mailing Address from Credit Card Statement:									
	Adding				0''			0/-/-	
	Address				City			State	Zip
Cardholder's Phone No. Amount Due:									
By signing below, I agree to pay the above-mentioned total amount. I acknowledge that I read the statements and policies as set in the FLCC Catalog.									
Cardholder's Signature								Date	
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