Cleveland State University
engagedlearning

Authorization for Third Party Billing

If your organization (Third Party) is paying for you to attend a Continuing Education course at Cleveland State University and you are requesting that the Third Party be invoiced for the cost of the course, either a purchase order OR this "Authorization for Third Party Billing" form must accompany your registration.

Directions

1. Begin the registration process for your non-credit class by providing required personal information:
   - By Telephone: Call (216) 687-2144, 8:00 am – 5:00 pm, Monday-Friday.
   - By Fax: Send your completed registration form to (216) 687-9399. Our Fax machine receives 24 hours per day, seven days a week.
   - By Mail: Send your registration information to Cleveland State University, Division of Continuing Education, 2121 Euclid Avenue CE 103, Cleveland, Ohio 44115-2214.
   - In Person: Stop by the Division Office from 8:00 am – 5:00 pm, Monday-Friday. Cole Center for Continuing Education, 3100 Chester Avenue, Cleveland, Ohio.
   - Online/E-Mail: Provide registration information Online at www.csuohio.edu/ce - E-Mail us at conted@csuohio.edu
2. After you have submitted registration information for your course, complete this form and include:
   - Your name, your phone number, mailing address, e-mail address, and the name of course(es) you are attending.
   - Name of Third-Party organization, address and billing address.
   - Name of authorizing person, title, and phone number.
   - Two signatures (your signature and the authorizing person's signature).
3. Your registration is complete.

Cleveland State University will invoice the Third Party as indicated on the authorization. Withdrawal requests must be received two business days prior to the first class. Failure to contact our office will result in full tuition invoicing.

Terms and Conditions

It is the student's responsibility to pay any difference on the account that is not covered by the authorization. Failure to pay will result in withholding transcript and certificate. The student will be prevented from registering for any future classes at Cleveland State University until the student account balance is paid in full. Further, the student may be liable for attorney fees and/or actual or reasonable collection costs which may be added to the "Total Amount Due."

As the student, I hereby acknowledge that I have read all of the provisions of the "Third Party Billing Application." I agree that I am responsible for any amount not paid by the Third Party mentioned below.

_____ X _____

Student name and phone number (please print) | Signature | Date

_____ _____

Student's mailing address | e-mail address

Course number, title and fee: #_____ _____ $_____

Course number, title and fee: #_____ _____ $_____

Name of Third Party: _____

Mailing address (if different than student's address): _____

Billing address (if different than mailing address): _____

_____ X _____

Authorizing person; title and phone number (please print) | Signature | Date

Total amount approved by Third Party: $_____

Return promptly to:

Cleveland State University, Continuing Education
2121 Euclid Ave CE 103, Cleveland, OH 44115-2214
Phone 216-687-2144 • 216-687-9399 Fax
www.csuohio.edu/ce