Cleveland State University
engagedlearning

Summer 2015

Authorization for Third Party Billing

If your organization (Third Party) is paying for you to attend a course at Cleveland State University and you are requesting that the Third Party be invoiced for the cost of the course, this "Authorization for Third Party Billing" form must be submitted after your registration. ***A new Authorization form must be submitted EACH semester.***

Directions

1. Register for your classes online through CampusNet (assistance is available at Campus411 (MC116) or see your academic advisor)
2. After you have registered for your course, complete this form in its entirety. Incomplete forms will prevent your eligibility
3. A letter of authorization on your employer's letterhead stationary must be received no later than **May 16, 2015**. **To ensure your student account is credited properly, all forms must be received by this date. Your delay may result in your account being assessed a late fee. Late fees will NOT be reversed if ALL your paperwork is not received by May 16, 2015.**
4. Remember to attach any related paperwork (vouchers or other documents)

Cleveland State University will invoice your Third Party in accordance with our normal billing process when the course has started. The payment due date is **July13, 2015**. If your employer fails to make payment within 30 days, all charges will be reversed from your employer's account and will be due from the student immediately.

Changes to your academic schedule (adds / withdrawals) must be completed within the first 5 days of the semester. Failure to notify our office of a change to your academic schedule will result in full tuition invoicing on your student account.

Terms and Conditions

It is the student's responsibility to pay any charges on the account that are not covered or paid by their third party sponsor.

Failure to pay will result in withholding grades and transcripts. 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 collections costs which may be added to the "Total Amount Due."

As the student, I hereby acknowledge that I have read all of the provisions on this Authorization Form. I acknowledge my responsibility for all amounts not paid by the Third Party identified below.

_____ _____ _____

Student Name (please print) *Phone Number* *Student ID #*

X_____ _____

Student Signature *Date*

_____

Student's mailing address

Course number, title: #_____ _____

Course number, title: #_____ _____

Course number, title: #_____ _____

Course number, title: #_____ _____

Course number, title: #_____ _____

Course number, title: #_____ _____

Name of Third Party: _____

Billing address _____

Covered Expenses:

- ☐ **tuition**
- ☐ **course fees**
- ☐ **books**
- ☐ **transportation (U-Pass)**
- ☐ **miscellaneous fees**
- ☐ **housing / dorm**
- ☐ **parking**
- ☐ **insurance**
- ☐ **other** _____