College of DuPage

THIRD PARTY BILLING AGREEMENT FORM

CONTINUING EDUCATION

This form must be submitted at the time of registration and will not be accepted without prior company approval.
Please read and complete the form before signing this agreement.

Continuing Education Registration Office - Ashley McLaughlin - mclaughl@cod.edu Phone: (630) 942-2209 Fax: (630) 942-3785

Student First Name _____ Student Last Name _____

Birthdate _____ Student Social Security Number or ID# (If known) _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work / Cell Phone _____

☐ Male ☐ Female

Email Address _____

ETHNIC ORIGIN (OPTIONAL) ☐ Caucasian ☐ Asian/Pacific ☐ Hispanic ☐ Native American ☐ African-American

Company Name: _____

Company Billing Address: _____

Company Contact Person: _____

Company Email: _____ Company Phone: _____

Company Authorized Signature & Title: _____ Date: _____

Employer, please check the appropriate lines. Payment is due upon receipt of College of DuPage invoice.

Indicate semester enrolled: ☐ Fall ☐ Spring ☐ Summer

☐ Company **Will** Pay In-District Tuition Rates Only*

☐ Yes, Company **Will** Pay Fees*

☐ No, Company **Will Not** Pay Fees

☐ Yes, Company **Will** Pay Out-of-District Tuition Rates*

☐ Yes, Company **Will** Pay for Non-Credit Classes*

If employer declines or fails to pay fees, the student is responsible for the full payment due to the College of DuPage for courses taken. The student is also responsible for following-up with their employer to insure payment has been made. If balance is not paid in full, the student may be sent to collections. If requested by employer, the college may provide information relating to the student's class

Student Signature: _____ Date: _____

Indicate course titles and course code numbers and fees that

COURSE TITLE	COURSE NUMBER	FEE

The College of DuPage does not monitor attendance or grades. It is the responsibility of the student to supply the employer with grades.

Books are billed separately by the bookstore, call them at (630) 942-4342 for additional information.

(For College of DuPage Use Only) College of DuPage Company ID#: _____

425 Fawell Blvd.
Glen Ellyn, IL 60137-6599