

AUTHORIZATION FOR INVOICING

STEP 3: ManTech will retu	ompleted by Authorized Corporate irn this form to UMGC.	·	
SECTION 1			
LAST NAME	F	TIRSTNAME	
STUDENTID (OR PERSONAL IDENTIFIC	CATION NUMBER)		
HOME/STREET ADDRESS			
CITY	S	TATE	ZIP
HOME PHONE	BUSINESS PHONE	E-MAIL A	DDRESS
COMPANY NAME			
CITY/TOWNWHEREYOU WORK			
SECTION 2 COURSE	 SELECTIONS		
PROGRAM SEMESTER (TERM/YEAR)	nce in Data Analytics		
1ST COURSE #	START DATE	2 ND COURSE #	START DATE
LOCATION			
SECTION 3			
employer's tuition policy		ponsible to UMGC for any tuition, fee	alog. I also have read and understand mess or other costs not covered under my
Tautionze divide to le	lease course, grade, and/or illiancial ill	iomation to my employer.	
STUDENT'S SIGNATURE		DATE	
SECTION 4 THIS ARE	A TO BE FILLED OUT BY AU	THORIZED CORPORATE F	REPRESENTATIVE
	re below authorizes UMGC to submit and the company listed above for the tuit		
		Dr. Karen Wolf, CLO	
SIGNATURE OF AUTHORIZED CORP	ORATE REPRESENTATIVE	PRINTED NAME	DATE