



AUTHORIZATION FOR INVOICING

INSTRUCTIONS:

STEP 1: Sections 1, 2, and 3 to be completed by the student

STEP 2: Section 4 to be completed by Authorized Corporate Representative

STEP 3: Return this form to UMGC at cls@umgc.edu

SECTION 1

LAST NAME

FIRST NAME

STUDENT ID (OR PERSONAL IDENTIFICATION NUMBER)

HOME/STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

BUSINESS PHONE

E-MAIL ADDRESS

COMPANY NAME

CITY/TOWN WHERE YOU WORK

SECTION 2 | COURSE SELECTIONS

DEGREE CERTIFICATE UNDERGRADUATE GRADUATE

SEMESTER (TERM/YEAR)

1ST COURSE #

START DATE

2ND COURSE #

START DATE

3RD COURSE #

START DATE

4TH COURSE #

START DATE

LOCATION

SECTION 3

I have read and understand the UMGC attendance and withdrawal policies published in the catalog. I also have read and understand my employer's tuition policy. I understand that I am financially responsible to UMGC for any tuition, fees or other costs not covered under my employer's tuition policy or not paid by my employer.

STUDENT'S SIGNATURE

DATE

SECTION 4 | THIS AREA TO BE FILLED OUT BY AUTHORIZED CORPORATE REPRESENTATIVE

APPROVALS: The signature below authorizes UMGC to submit an invoice to the company listed above per the terms of the agreement between UMGC and the company listed above for the tuition and fees for the student and course selections set forth above.

SIGNATURE OF AUTHORIZED CORPORATE REPRESENTATIVE

PRINTED NAME

DATE