



# UA Cossatot

## CONTINUING EDUCATION SERVICES CONTINUING EDUCATION THIRD PARTY BILLING APPLICATION

### STUDENT INFORMATION

PLEASE PRINT.

Student's Name \_\_\_\_\_  
First Middle Last

Student's Mailing Address \_\_\_\_\_  
City State Zip

Student's Phone Number \_\_\_\_\_ Student's Email \_\_\_\_\_

### PAYER INFORMATION

PLEASE PRINT.

Organization's Name \_\_\_\_\_

Payer's Representative \_\_\_\_\_  
First Last

Payer's Mailing Address \_\_\_\_\_  
City State Zip

Payer's Phone Number \_\_\_\_\_ Payer's Email \_\_\_\_\_

### ELIGIBLE EXPENSES

TO BE COMPLETED BY THE PAYER (*enter maximum amounts, if any*)

- Any school related expense \$ \_\_\_\_\_  Fixed Amount \$ \_\_\_\_\_
- Tuition \$ \_\_\_\_\_  Books \$ \_\_\_\_\_
- Fees \$ \_\_\_\_\_  Supplies \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_, Description \_\_\_\_\_

List restricted expenses (*i.e. specific course/section, course related expenses,*) \_\_\_\_\_

If the student has other sources of payment (*i.e. scholarships, grants, etc.*), may this payment be refunded to the student?

Yes  No

### AGREEMENT

Payer agrees to pay as described above. Payment will be made directly to Cossatot Community College of the University of Arkansas within 30 days of receipt of invoice from the college. Tuition is refundable up to the "register by" date. A full refund of tuition is automatically issued if a class is cancelled by the college due to insufficient enrollment or other unforeseeable reason prior to the start of the course. Should an unforeseeable circumstances result in a course being cancelled after it has started, tuition is prorated excluding nonreturnable books, supplies and equipment. The rate is computed by dividing the total hours of scheduled training and services divided by the percentage of hours not rendered. The student is ultimately responsible for payment of account by the college's prescribed deadlines unless otherwise agreed upon in writing. Student gives permission to release information relevant to this agreement (e.g. student account details, attendance, grades and class related performance, etc.) to payer.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Payer Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**