



Authorization Form

Sponsored Section

Sponsored Student

The undersigned company will assume the responsibility for payment of fees for the employees indicated in the amounts and categories indicated.

Company Name

Street

City State Zip

Company Representative Signature

Phone Number Date

Do not fill in if contracted class.

Course Title: _____

Course Number: _____

NAMES OF PARTICIPANTS:

(Please staple registration forms on back)

Tuition Per Student: _____

Number of Students: _____

Total Fees Covered:

Tuition, not to exceed

\$ _____

Books, not to exceed

\$ _____

Supplies, not to exceed

\$ _____

Other (specify)

\$ _____

TOTAL \$ _____

Amount Billed _____

ACADEMIC DIVISION USE ONLY

Please indicate if:

_____ Contract Number

Department _____

_____ Project Number

Dean _____

Date