THIRD PARTY BILLING REGISTRATION FORM

COLORADO MOUNTAIN COLLEGE

The Employer desires that the College provide the requested job related training and be billed for that tuition/fee amount. It is acknowledged that to take part in this agreement, the following **eligibility criteria** must be met.

- The student must be an employee of the above mentioned Employer.
- The courses that the student enrolls for are directly related to their job.
- The Employer is paying the tuition for the employee and is not charging the student for any of the tuition.
- The Employer's account with the College must be paid within 30 days of the bill date.
- The Employer is responsible for payment of charges for the employee regardless of whether the employee's job status changes, the employee passes the class or drops the class.
- The Employer agrees that this is a system designed to provide the employer help with training employees and they are responsible for verifying the employee's eligibility for this benefit.

In addition, to qualify for the Industrial Rate Tuition Discount:

- The Employer must be an in-district, taxpaying employer.
- The Employer must not charge the student for any of the tuition/fee under this agreement.

Is this company tax-exempt?	No	Yes	Tax Exempt #_____
Do you pay for course fees?	No	Yes	How much (% or Flat Amt)?_____
Do you pay for course books?	No	Yes	How much (% or Flat Amt)?_____
Do you pay for supplies?	No	Yes	How much (% or Flat Amt)?_____

STUDENT INFORMATION:

_____ Last Name _____ First Name _____ Middle Name or Initial

Preferred Mailing Address _____

City/State/Zip _____ Preferred Phone _____

Birth Date _____/_____/_____ Student ID # (SSN if new student) _____ Email _____

x_____ Student Signature _____/_____/_____ Today's Date

The student should not be responsible for the repayment of any tuition and fees the employer has approved under this agreement.

COURSE REGISTRATION & INFORMATION:

Synonym #	Course Code - Section	Course Title	Pass/Fail (Y/N)	Credit Hours	Tuition	Fees	Total

Entered by _____ Date _____/_____/_____ Term Registering For _____

THIRD PARTY (SPONSOR) INFORMATION:

Company Name _____

Street Address/City/State/Zip _____

Mailing Address/City/State/Zip _____

If PO or Authorization No. is required for invoicing, list the information here _____

If there are special invoicing instructions, please list those here_____

_____

Printed Name & Title of Person Authorizing Payment _____

Phone No. _____ Email _____

x_____ Signature of Person Authorizing Payment _____/_____/_____ Today's Date

Updated 11/29/2022 ABWARD