

Course Program Payment Agreement

STUDENT INFORMATION

Name:			Phone:		
Address:					
City/Town:		State/Province:		Postal Code:	
DOB:		Gender:	☐ Male ☐ Female	E-Mail:	
Job Status:	☐ Employed Full-Time	☐ Employed Part-Time		☐ Unemployed	
Ethnicity:	☐ African	☐ African American	☐ Asian	☐ Hispanic	
☐ Latino	☐ Native American	☐ Pacific Islander		☐ White	
Diploma Status:	☐ Adv. Foreign Degree	☐ Advanced US Degree		☐ IEP	
☐ Foreign High School		☐ High School Equivalency Diploma		☐ No Diploma	
☐ U.S. High School Local		☐ U.S. High School Regents			

FUNDING AGENCY INFORMATION

Agency Name:	Phone:
Billing Address:	
Authorizing Person:	

Please select the item(s) that your agency is agreeing to fund for the above listed student.

Program	Dates	Tuition*	Books*	Sales Tax*	Other*
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$
		☐ \$	☐ \$	☐ \$	☐ \$

Agency Signature: _____ Date: _____

***Note:** Some programs may require additional supplies, which the student will be required to cover, books/ testing fees may vary. All students/agencies will be held responsible for full tuition unless withdrawal notice is given 72 hours prior to the start of class.