

To: Sissel Malmbekk, Assistant Dean
Fax: 703-812-9324
From: _____
Fax: _____
Date: _____
Re: Georgetown University Intent to Pay Memo

Student Instructions
 Register for non-credit class online at ccpe.georgetown.edu
 Complete and sign top of form
 Give this form to the contact at your sponsor organization

Third Party Instructions
 Complete required information and sign form
 Fax to **703-812-9324** (include Purchase Order if required)

Student Name: _____ **Student GUID:** _____
Term: Fall Spring Summer **Year:** _____

Course number	Course name	Start Date	End Date	Tuition

The Center for Continuing & Professional Education will invoice Third Party as indicated. Course withdrawals must be processed online at ccpe.georgetown.edu three business days prior to the first class. Without this confirmation from the Third Party, the student will be dropped from the course. It is the student's responsibility to pay any difference on the account that is not covered by the third party. I hereby acknowledge that I have read all of the provisions of this Third Party Intent to Pay Memo. I agree that I will pay by credit card any tuition not paid by the Third Party listed below.

Student Signature _____ **Date** _____

Payment Method
 Third Party will pay full tuition
 Third Party and Student will split tuition
 o Student will pay \$ _____
 o Third Party will pay \$ _____

Third Party Payer _____
 Company or Organization Name

Street Address _____

City _____

State _____ **Zip:** _____

Email invoice to attention: _____

Email (required for invoice): _____

Contact Telephone: _____ **Contact Fax:** _____

Total Amount approved: \$ _____

Third Party Method of payment
 Check. Mail to:
 Center for Continuing and Professional Education
 Attn: Sissel Malmbekk, Assistant Dean
 3101 Wilson Boulevard, Ste 200, Arlington, VA 22201
 Army/Federal Government CCR
 Credit Card. Georgetown University Credit Card
 Additional authorization form required.

As authorized by the organization listed above, I agree to have Georgetown University Center for Continuing and Professional Education bill the charges as outlined and credit that amount to the above named student's account. I understand that all invoices received from the Center for Continuing and Professional Education are due upon receipt.

Third Party Authorized Signature: _____
Date: _____

