

College of DuPage

HSTI - THIRD PARTY BILLING AGREEMENT FORM CONTINUING EDUCATION

This form must be submitted at the time of registration and will not be accepted without student signature.
Please read and complete the form before signing this agreement.

Continuing Education Registration Office - Ashley McLaughlin - mclaughl@cod.edu Phone: (630) 942-2209

Student First Name	Student Last Name		
Birthdate	Student SSN or COD ID# (Optional; COD ID preferred, if known)		
Street	City	State	Zip
Home Phone	Work / Cell Phone	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Email Address

ETHNIC ORIGIN (OPTIONAL) Caucasian Asian/Pacific Hispanic Native American African-American

Course Selections will be: Self Pay Company Pay (if so, please complete the information below)

Company Name: _____

Company Billing Address: _____

Company Contact Person: _____

Company Contact Email: _____ Contact Phone: _____

***Payment is due upon receipt of College of DuPage invoice.**

Indicate semester enrolled: Fall Spring Summer

***If employer declines or fails to pay fees, the student is responsible for the full payment due to the College of DuPage for courses taken. The student is also responsible for following-up with their employer to insure payment has been made. If balance is not paid in full, the student may be sent to collections. If requested by employer, the college may provide information relating to the student's class**

Student Signature: _____ Date: _____

Below, please indicate your course title selections and course code numbers, as well as fees.

COURSE TITLE	COURSE NUMBER	FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____

The College of DuPage does not monitor attendance or grades. It is the responsibility of the student to supply the employer with grades. Books are billed separately by the bookstore, call them at (630) 942-4342 for additional information.

(For College of DuPage Use Only) College of DuPage Company ID#: _____