

SEMESTER: \_\_\_\_\_  
YEAR: \_\_\_\_\_



NOTRE DAME OF MARYLAND UNIVERSITY

TOTAL DUE: \_\_\_\_\_

## VERIFICATION OF ELIGIBILITY FOR DIRECT BILLING TO SCHOOL SYSTEMS SCHOOL OF EDUCATION-GRADUATE DIVISION

This form is to be completed by any student in the graduate program in the School of Education whose employer is a school or school system that has agreed to be billed directly for a portion of the student's tuition charges.

SS # or Student ID # \_\_\_\_\_ Name \_\_\_\_\_  
*Last First*

Address \_\_\_\_\_  
*Street/PO Box City State Zip code +4*

Contact \_\_\_\_\_  
*Home phone Work phone E-mail*

### Terms of Employer Co-Pay Plan

1. I understand that I am solely responsible for the full amount of tuition if I do not return this form by the tuition due date.
2. I understand that the University will drop me from my course(s) if this form is not returned and my portion of tuition and fees are not paid by the due date.
3. I understand it is my responsibility to know the maximum number of credits allowable by my system through direct billing.
4. I agree that it is my obligation to pay the full amount of the tuition in the event the University does not receive payment from my employer and hereby promise to pay the full tuition amount shown above to the University in the event my employer fails to do so.

*By signing below, I certify that I have read and fully understand the terms listed above. In addition, all my questions have been answered to my satisfaction.*

\_\_\_\_\_  
*Student Signature Date*

### To Be Completed by Employer (Please print)

The student named above is currently employed with:

*\*Approved cohorts only*

Southern Maryland     Good Sam.     St. Mary's  
 Charles County     Harford County     Calvert County     Other \_\_\_\_\_

School name \_\_\_\_\_ School address \_\_\_\_\_  
Phone \_\_\_\_\_

School system representative  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_