

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 authorize Notre Dame of Maryland University to charge my credit card according to the terms of the plan. I understand my credit card automatically may be charged 60 days after each semester end date if Notre Dame has not received payment for the course(s).
4. I understand it is my responsibility to know the maximum number of credits allowable by my system through direct billing.
5. 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

Credit card charge Authorization (*Debit cards are not accepted, payments will include a 2.5% processing fee.*) Visa Master Card
Name as shown on the credit card _____ Discover American Express

Credit card number _____ - _____ - _____ - _____ Expiration Date ____/____ Card ID # _____
Month/Year (last 3 digits on back of card)

Check here if payment address is the same as listed above on form.

Address _____
Street/PO Box City State Zip code +4

Cardholder signature _____

To Be Completed by Employer (*Please print*)

The student named above is currently employed with:

**Approved cohorts only*

- Anne Arundel County Baltimore City* Baltimore County* Calvert County Cecil County
 Charles County Harford County MANSEF Other _____

School name _____ School address _____

Phone _____

School system representative

Name _____ Phone _____

Title _____ E-mail _____

Signature _____ Amount Approved: \$ _____