



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

To: Student Accounts
Fax: 202-784-7231
Date: _____
Re: Georgetown University Intent to Pay Memo
 Student Name: _____
 Student GUID: _____
 Term: Fall Spring Summer Year: _____

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 202-784-7231 (include Purchase Order if required to be submitted with invoice)

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 per the Georgetown Withdrawal/Refund Policy available at ccpe.georgetown.edu. 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.*

Third Party Authorized Signature _____ Date _____

Payment Method

- Third Party will pay full tuition
 Total Amount approved: \$ _____
- Third Party and Student will split tuition
 - Student will pay: \$ _____
 - 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 (required for invoice): _____

Contact Fax (required for invoice): _____

Third Party Method of payment

- Check. Mail to:
 Center for Continuing and Professional Education, Attn:
 George Johnson, CCPE Student Accounts Manager
 640 Massachusetts Ave NW, Washington DC 20001
- Army/Federal Government CCR
- Credit Card. Georgetown University Credit Card 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.

Student Signature: _____
Date: _____