



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

Student Instructions:

- Register for non-credit class online at pdc.georgetown.edu
- Complete and sign bottom 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 or **email** to noncreditaccounts@georgetown.edu (include Purchase Order if required to be submitted with invoice)

To: Student Accounts Department
Email: noncreditaccounts@georgetown.edu
Date: _____
Re: **GEORGETOWN UNIVERSITY INTENT TO PAY MEMO**
 Student Name: _____
 Term: Fall Spring Summer Year: _____

Student GUID: _____

Course number	Course name	Start Date	End Date	Tuition

The Professional Certificate Programs will invoice Third Party as indicated below. Course withdrawals must be processed per the Georgetown Withdrawal/Refund Policy, available at pdc.georgetown.edu. Without this confirmation from the Third Party, the student will be dropped from the course(s). As authorized by the organization listed below, I agree to have Georgetown University Professional Certificate Programs bill the charges as outlined and credit that amount to the above student's account. I understand that all invoices received from Georgetown University Professional Certificate Programs are due upon receipt. I hereby acknowledge that I have read all of the provisions of this Third Part Intent to Pay Memo.

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:
Professional Certificate Programs
Attn: Noncredit Student Accounts Manager
640 Massachusetts Ave., NW Washington, DC 20001
- Army/Federal Government CCR
- Credit Card. Georgetown University Credit Card authorization form required.

I understand that it is my responsibility, as the student, to pay any difference on the account that is not covered by the Third Party. All invoices received from the Georgetown University Professional Certificate Programs are due upon receipt. I hereby acknowledge that I have read all the provisions of this Third Party Intent to Pay Memo and agree to pay by credit card any tuition not paid by the Third Party listed.

Student Signature: _____
Date: _____