



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

To: Aaron Landers, Student Accounts Manager
Fax: 703-812-3810
Date: _____
Re: Georgetown University Intent to Pay Memo
 Student Name: _____
 Student GUID: _____
 Term: Fall Spring Summer Year: _____

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 703-812-3810 (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.*

Student 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: Aaron Landers, CCPE Student Accounts Manager
 3101 Wilson Blvd., Suite 200, Arlington, VA 22201
- 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.

Third Party Authorized Signature: _____
Date: _____



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To: Aaron Landers, Student Accounts Manager
 Fax: 703-812-3810
 From: _____
 Fax: _____
 Date: _____

Re: THIRD PARTY CREDIT CARD AUTHORIZATION FORM

Third Party Payer: _____
 Company or Organization Name
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Contact Telephone: _____ Contact Fax: _____

I _____ (print name) authorize the Center for Continuing and Professional Education at Georgetown University to charge \$ _____ for _____ (student name) / _____ (list courses) to the following credit card:

Card Type (circle): Visa MasterCard American Express

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____ Credit Card Holder's Signature _____

Fax the complete form to the Center for Continuing and Professional Education: 703-812-3810

For office use only:			
Date Received: _____	Student GUID: _____	Manual Payment: <input type="checkbox"/>	Cost Center: _____

Instructions:
 This form is used to process credit card payments that cannot be completed online. Please complete the form and submit it:

- **By Fax** to 703-812-3810
- **By mail to / in person at:**
 Student Accounts
 3101 Wilson Blvd., Suite 200
 Arlington, VA 22201

To protect your credit card information CCPE cannot accept completed forms via email.

To Obtain a Receipt:

Check here if you would like to receive a receipt by email for this credit card charge.

 Email Address