



**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Fall  Spring  Summer   
last, first, middle

Course Section Number & Title \_\_\_\_\_ Date Range \_\_\_\_\_

Course Section Number & Title \_\_\_\_\_ Date Range \_\_\_\_\_

Course Section Number & Title \_\_\_\_\_ Date Range \_\_\_\_\_

Course Section Number & Title \_\_\_\_\_ Date Range \_\_\_\_\_

I understand that in the event that payment is not received within 30 days of billing, I am liable for charges. In the event that I withdraw from course(s), and payment arrangements are not made at that time, any tuition costs due are my responsibility.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER BILLING INFORMATION**

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Mailing Address \_\_\_\_\_  
building #/street/PO box city/state/zip

Authorized Representative \_\_\_\_\_ Phone Number \_\_\_\_\_  
please print

Signature of Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Amount Authorized \_\_\_\_\_

**PAYMENT METHOD**

- Credit Card, 2.85% fee, on TouchNet (Student must make payer an authorized user on TouchNet)
- Wire Transfer (Must include student name and ID number)
- Check (Must include student name and ID number on check)

**PLEASE RETURN THE COMPLETED FORM VIA FAX, EMAIL OR MAIL**

Fax: 802.419.4957

Email: compass@champlain.edu

Mail: Champlain College, Student Accounts, P.O. Box 670, Burlington, VT 05402-0670