



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, 2.75% 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