



**Sponsor Authorization Form-AFROTC**

Sponsor Name:

Name of Sponsored Student:

Student CWID:

\*Sponsors with multiple students may attach a list providing the student name and CWID if the type will be the same for each student.

Please check the following term(s) the sponsor intends to pay for:

The duration of the student's entire degree

OR

**Term**

**Year(s)**

Fall

Spring

Field Session

Summer Session

\*Please specify year if not intending to pay for duration of entire degree.

Scholarship Type

Type 1

Type 2

Type 3

Type 4

Type 5

Type 6

Type 7

\*Billing is initiated on a semester basis.

\*Sponsor authorizations must guarantee payment of tuition and fees to CSM without restrictions relating to the student's performance.

\*Student Receivables must receive the Sponsorship Authorization Form no later than the first day of class.

Sponsor Billing Information

Billing Address

City

State

Zip

Country

Contact Person's Name

Title

Phone

Fax

E-mail Address

Billing Process

\*Sponsors will be billed after the census day of each semester.

\*45 days after the semester starts, AFROTC must communicate to CSM any changes to student sponsorship.

\*Payment must be received by the last day of class each semester. Failure to remit payment at this time will result in any outstanding charges to be put on the student account, a restrictive hold will subsequently be placed on their account

Signature

*I (the authorizing sponsor) certify that the above information is accurate as of today and in the instance that the above information changes, Colorado School of Mines will be contacted immediately.*

Signature Field

---

Date/Time Field

---