

Sponsor Name:

Name of Sponsored Student:

Student CWID:

*Sponsors with multiple students may attach a list providing the student name, CWID, and length of sponsorship.

	Please check the following	g term	(s) the s	ponsor intends to	pa	y for:
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The duration of the student's entire degree

OR	
Term	<u>Year(s)</u>
Fall	
Spring	
Field Session	
Summer Session	

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

Sponsor will pay for:

Tuition
Health Services Fee
Associated Students Fee
Athletics Fee
Student Assistance Fee
Technology Fee
Student Services Fee
Recreation Center Fee
Intermodal Transportation Fee
Academic Construction Building Fee
Required Course Fee
Health Insurance**

**Fees automatically charged; student responsibility to waive if applicable.

**Not considered "Student Mandatory Fees"; all other fees are considered 'mandatory'

Blastercard Fee
Orientation Fee

International Orientation Fee

Room/Board:

CSM	Housing

CSM Meal Plan

*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 census day of each semester.

Thirty (30) days after the invoice date, an e-mail notification will be sent to the sponsor and students notifying that payment has not been received.Forty-five (45) days after the invoice date, if the invoice remains unpaid, the charges will be placed on the student account. Late fees will begin accruing on the student account for the unpaid balance. After forty-five (45) days, CSM will not provide the sponsor with additional invoices. Students are legally responsible to pay the full cost of their educational expenses if their sponsor does not pay.

<u>Signature</u>

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

Date/Time