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CSM shall send invoices to the Sponsor for the cost of the sponsored items indicated on the Sponsor Authorization Form executed by the Sponsor up to the total expenditure limit, if any, specified by the Sponsor.

I acknowledge that payments of the costs of my attendance at CSM, such as tuition, fees, books, housing, meals, and health insurance are my legal responsibility. I agree to pay for all such costs in excess of the total expenditure limit, if any, specified by the Sponsor. I further agree to fully repay CSM for the cost of the sponsored items, including accrued interest at the rate of eighteen percent (18%) per annum, in the event that the Sponsor is unwilling or unable to pay. I consent to the jurisdiction of the courts of the State of Colorado for the resolution of any dispute arising hereunder.

Sponsor Name:	Student CWID:
Student Date of Birth:	
Current Student Address:	
Student Signature:	Date of Execution: