



# Sponsorship Authorization Form

Office of the Bursar · Campus Box 92

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Phone (303) 556-6188 · Fax (303) 556-4647

*Where success begins with you*

Since its inception, Metropolitan State University of Denver has played an important role in educating Denver's workforce. The Sponsorship Payment Program makes it easier and more convenient for employers to pay for the educational costs of their employees. This mutual agreement between businesses and MSU Denver allows for a direct billing option regarding payment of tuition and fees.

To initiate the direct billing option, please complete and submit the following form to Office of the Bursar.

## **Sponsorship Authorization Form Instructions:**

1. An Authorized business representative must complete this form.
2. Submission of this form does not automatically qualify the organization for eligibility into the Sponsorship Payment Program.
3. Upon receipt of the form, Office of the Bursar will notify the authorized business representative if the authorization has been approved or denied.
4. Billing is initiated on a semester basis. Consequently, a Sponsorship Authorization Form must be submitted each semester.
5. Sponsor authorizations must guarantee payment of tuition and/or fees to MSU Denver without restrictions relating to the employee's performance.
6. Office of the Bursar must receive the Sponsorship Authorization Form no later than payment deadline which is the Friday prior to the first day of classes. (*see college calendar for specific dates*)
7. Any account not paid in full by the end of the authorized semester shall restrict the employee's ability to register for classes for subsequent semesters.
8. Employees must be accepted for admissions and registered for classes before the Sponsor Authorization Form can be processed.
9. Employees are encouraged to *apply for admissions* online as early as possible to ensure better availability of courses.
10. Any Employee's account with an unpaid balance at the end of the sponsorship term will become the responsibility of the employee.

## **Please Note**

Submission of this form does not automatically qualify the company for the Sponsorship program.

If your company has any billing requirements or restrictions which are not listed on the Sponsorship Authorization Form, please attach these requirements when submitting your request.

**Organization Information**

Name of Organization \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

**Specific Billing Instructions**

Sponsor will pay for: (Please check the appropriate box.)

100% of all costs (Costs may include drop fees and late fees)

Tuition only (employee responsible for payment of fees)

Full tuition and fees for one semester

Partial tuition and fees: Percentage \_\_\_\_\_% or Dollar Amount \$ \_\_\_\_\_

**The following employee(s) will be enrolling at The Metropolitan State University of Denver for the:**

**FALL      SPRING      SUMMER      of the year \_\_\_\_\_**

**Employee's Name (Last, First)**

**Last 4 of SSN or Student ID #**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For additional employees covered under this program, simply create an additional list of employees and submit along with this form.