

METROPOLITAN STATE COLLEGE *of* DENVER

Sponsor Authorization Form

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

To initiate the direct billing option, please complete and submit online the following form, or print it and mail it to: Metro State Office of Student Accounts, Campus Box 92, P.O. Box 173362 Denver, CO 80217-3362.

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, the Office of Student Accounts will notify the authorized business representative only if it is **not approved**.
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 fees to Metro State without restrictions relating to the employee's performance.
6. The Office of Student Accounts must receive the Sponsorship Authorization Form no later than the Friday prior to the first day of classes.
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 admission and registered for classes before the Sponsor Authorization Form can be processed.
9. Employees are encouraged to *apply for admission* online as early as possible to ensure better availability of courses.

Please have your Human Resource or appropriate department complete the following 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 circle.)

- 100% of all costs (Costs may include drop fees and health insurance)
- Tuition only (employee responsible for payment of fees)
- Full tuition and fees for one semester
- Partial tuition and fees

(Please specify.) Percentage % or Dollar Amount \$

Please note: All students registered for 10 or more credit hours for Fall or Spring or 8 credit hours for Summer must be covered by Health Insurance. Failure on the part of an employee to complete a Health Insurance Waiver form will incur additional costs.

Should Metro State bill sponsoring organization for health insurance costs? Yes No

Submission of this form does not automatically qualify the organization for eligibility into the

Sponsorship Payment Program.

The following employee(s) will be enrolling at Metropolitan State College of Denver for the:
(Check the appropriate box)

FALL SPRING SUMMER semester in the year

Please supply the name(s) of the employees that will be attending Metro State.

Employee's Name (Last, First)

Billing is done on a semester basis. Consequently, for every subsequent semester, this form must be completed by the authorized organizational representative in order for an employee to continue in the Metro State Sponsorship Payment Program.