Carnegie Mellon University Student Accounts Office

Sponsor Billing Authorization Form

Refer to page 3 (bottom) for submission details.

This form is for entities that wish to sponsor one or more students at CMU. A sponsor is an organization, not an individual. If your organization is providing a scholarship, employer reimbursement, Pre-paid College Savings or 529 Plan payment, do not use this form.

To properly complete this form, users must use Adobe Reader or Acrobat 8.0 or greater. The red submit button will not work otherwise.

Sponsors complete this form once each year to specify the semesters and expenses to be covered. Forms and selections do not roll-over to the next year. A new contract year begins with each Fall semester, and includes that year's Fall, Spring and Summer semesters.

A Sponsor Billing Authorization form must be completed by an authorized representative of the sponsor and submitted to the Student Accounts Office by the following date (based on the student's first semester of sponsorship that year):

Semester Submission Deadline	Fall:	August 15
	Spring:	January 15
	Summer:	May 15

Sponsor invoices are generated after the course add/drop period each semester and monthly thereafter as needed. These are delivered by email to both the sponsor and the student. Students also receive a separate monthly student invoice that is used to identify the the fees they themselves owe. Sponsor and student payments are due by the invoice due dates.

Accurate responses ensure timely and accurate sponsor invoices. Please contact us with questions or concerns before submitting this form (website, phone and email contact information appear in the header above). Vouchers or other supporting documents can be submitted to student-accounts@andrew.cmu.edu, but do not replace this completed form.

SPONSOR INFORMATION

Sponsor Billing Address			Sponsor Point of Contact Information	
Organization Name			Contact Person Name	
Department Name			Contact Phone Number	
Address Line 1			Address for receipt of emailed sponsor invoices (REQUIRED)	
Address Line 2				
City	State/Province	Postal Code		
Country				

CONTRACT INFORMATION

Select sponsored semesters (one or more): Fall Spring Summer

Check the boxes that match sponsor's situation/needs:

1. Sponsor or student will provide a voucher to be released with invoice. This is not common.....

2. Sponsor requires a course listing with invoice. This is not common.

3. Sponsor has a maximum dollar amount of coverage per semester...... \$

COVERAGE DETAILS

SCH0 GRA	DLARSHIPS/ NTS	HIPS/ Check this box if additional scholarships/grants are permitted Check this box if scholarships/grants reduce sponsor's 100% tuition coverage					
Indicate semester-coverage levels. For each item, select the 100% coverage check-box OR enter a per-semester maximum dollar amount (USD).							
				S	ponsor covers 100%	OR	Maximum coverage
τυιτ	ION		andatory fees: www.			\$	
FEES	Mandatory		ee		-	\$	
	Mandatory	Technology F	ee			\$	
	Mandatory	Media Fee				\$	
	Mandatory	Transportation	on Fee			Ş	
	Mandatory	Student Activ	vity Fee			\$	
	Mandatory	Heinz/Teppe	er Credentialing Fee			\$	
	Mandatory	Req. Course	Materials (Business	Case fees, Qatar Bo	ook fee)	\$	
			ealth Services camp <i>i/health-services/serv</i>			\$	
		Housing <u>www.cmu.edu</u>	ı/housing/rates-and-j	f <u>ees</u>		Ş	
		Fraternity/So Rates vary pe	prority Housing			ç	i
						Ş	
						\$	
		•	e ı/hub/registrar/stude			\$	
			ount Interest /hub/sfs/docs/sfo-te			ç	
I-20 UPS Mailing Expenses\$							
STUDENT INSURANCE NOTE: Insurance selections here indicate the premium a sponsor would cover. They do not complete or confirm insurance enrollment. For details, or to enroll, visit these websites: Domestic student-insurance plan details: www.cmu.edu/health-services/student-insurance Qatar student-insurance plan details: www.qatar.cmu.edu/student-experience/health-wellness/new-student Qatar student-insurance plan details: Www.qatar.cmu.edu/student-experience/health-wellness/new-student Qatar offers Student only level medical insurance, and no dental or vison. VISION DENTAL							

Select the sponsored level of coverage	MEDICAL	VISION	DENTAL
Student only			
Student plus one			
Family			
Remove my selection above			
OR			
Enter a maximum amount of coverage	\$	\$	\$

SPONSORED STUDENTS

All students listed below will be covered for the items and semesters selected on pages 1 and 2.				
	Student Name	Andrew ID	Sponsor Customization String*	
	Last, First	required		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
the sponso	r: a sponsor's internal ID for the st	udent, a purchase order nur	ear on the sponsor invoice. It should be something useful t mber, etc., but NOT a Social Security Number. Note that th i invoice, and do not need to be entered here.	

Privacy Policy

The Federal Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. This law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Generally, schools must have written permission from the eligible student in order to release any information from a student's education record. In order to send invoices to sponsors, the student must obtain, sign, and return CMU's Sponsored Student Information Release form sent to them after your Sponsor Billing Authorization Form is received by the Student Accounts Office.

Payment Policy

Payment methods include wire transfer, check or credit card. Details are included on the sponsor invoice. Students are responsible for any items not included on their sponsor invoice, and these are identified on their separate monthly student invoice. Payments are due by sponsor and student invoice due dates. In the event a sponsor does not pay, any outstanding sponsor balance remains the financial responsibility of the student.

To Submit Form, you must use Adobe Reader or Acrobat 8.0 (or greater). Left mouse-click on the red "Submit Form" button on page 1. You will be prompted for your desired email choice, and once selected, you'll be prompted with an email addressed to student-accounts@andrew.cmu.edu.

The completed form in fdf data format will be attached. Add yourself to the list of receipients on the email, add any desired text to the message, and select Send. Retain your copy of the email with your attached contract for your records. If you encounter problems submitting this form, please avoid sending hardcopy. Save this editable pdf file locally and send it as an attachment to student-accounts@andrew.cmu.edu.