

LAKE MICHIGAN COLLEGE

Third-Party Pay – Employer Sponsored Payment TUITION/BOOKSTORE PAYMENT AUTHORIZATION

_____ will pay: Tuition and Fees maximum amount: _____
(ORGANIZATION)

Tuition and Fees 100%

(ADDRESS)

Books/Supplies maximum amount: _____

Upon invoicing by Lake Michigan College for _____ semester _____ for the following employee:
(year)

(EMPLOYEE NAME)

(SOCIAL SECURITY NUMBER)

(STUDENT ID)

CLASS / COURSE INFORMATION:

AUTHORIZED CLASSES:

(APPRENTICESHIP NUMBER)

(APPRENTICE COORDINATOR SIGNATURE)

SEND INVOICE TO:

(ORGANIZATION REPRESENTATIVE)

(TITLE)

(STREET ADDRESS)

(CITY STATE ZIP)

(REPRESENTATIVE'S SIGNATURE)

(DATE)

(TELEPHONE)

(E-MAIL ADDRESS)

NOTICE: Organization representative's signature commits the organization to payment of the total payment due when billed, subject to policies outlined in the Lake Michigan College catalog. This commitment remains whether or not the employee continues employment with the organization, withdraws, or passes the class with a satisfactory grade. This completed form is due to Lake Michigan College at the time of registration in order to prevent student from being dropped for non-payment.

Please e-mail this form to: emosbey@lakemichigancollege.edu, or fax to (269) 927-8103.

If you have questions please call (269) 927-6141