



Dual Enrollment Payment Agreement

Semester: _____

H.S. Name: _____	Phone No.: _____
ATTN: _____	Fax No.: _____
Billing Address: _____ _____	

Please submit payment agreements in accordance with the Dual Enrollment MOU's.

Final Class Schedule

Class Title	Section	Key	Payment Option (check one)		
(SAMPLE) ENGL 1302	RUH01	14844	<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input checked="" type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
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			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored
			<input type="checkbox"/> Waived	<input type="checkbox"/> Billed	<input type="checkbox"/> Sponsored

Waived = School Provided Instructor Billed = Student Pays Sponsored = School Pays

I agree that this is the finalized schedule of courses as well as the planned payment options for the above referenced school district. A student marked as billed will be withdrawn if payment is not received by the 12th class day.

Signature of Certifying Official _____ Date _____