



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

To: Student Accounts Department

Email: noncreditaccounts@georgetown.edu

Date: _____

Re: **GEORGETOWN UNIVERSITY INTENT TO PAY MEMO**

Student Name: _____

Student GUID: _____

Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

Course number	Course name	Start Date	End Date	Tuition

The Center for Continuing & Professional Education will invoice Third Party as indicated below. Course withdrawals must be processed per the Georgetown Withdrawal/Refund Policy, available at ccpe.georgetown.edu. Without this confirmation from the Third Party, the student will be dropped from the course(s). As authorized by the organization listed below, I agree to have Georgetown University Center for Continuing and Professional Education bill the charges as outlined and credit that amount to the above student's account. I understand that all invoices received from Georgetown University Center for Continuing and Professional Education are due upon receipt. I hereby acknowledge that I have read all of the provisions of this Third Party Intent to Pay Memo.

Third Party Authorized Signature _____ **Date** _____

Payment Method

☐ Third Party will pay full tuition
Total Amount approved: \$ _____

☐ Third Party and Student will split tuition
o Student will pay: \$ _____
o Third Party will pay: \$ _____

Third Party Payer: _____
Company or Organization Name

Street Address: _____

City: _____

State: _____

Zip: _____

Email invoice to attention: _____

Email (required for invoice): _____

Contact Telephone (required for invoice): _____

Contact Fax (required for invoice): _____

Third Party Method of payment

- ☐ Check. Mail to:
Center for Continuing and Professional Education
Attn: PDC Student Accounts Manager
640 Massachusetts Ave., NW Washington, DC
20001
- ☐ Army/Federal Government CCR
- ☐ Credit Card.

I understand that it is my responsibility, as the student, to pay any difference on the account that is not covered by the Third Party. All invoices received from the Georgetown University Center for Continuing and Professional Education are due upon receipt. I hereby acknowledge that I have read all the provisions of this Third Party Intent to Pay Memo and agree to pay by credit card any tuition not paid by the Third Party listed.

Student Signature: _____

Date: _____

Student Instructions:

- ☐ Register for non-credit class online at pdcprograms.georgetown.edu
- ☐ Complete and sign bottom of form
- ☐ Give this form to the contact at your sponsor organization

Third Party Instructions:

- ☐ Complete required information and sign form

noncreditaccounts@georgetown.edu (include PO