

UOFM COMPANY AUTHORIZATION DIRECT BILLING FORM

COMPANY AUTHORIZATION FOR DIRECT BILLING FOR ALTERNATIVE CREDITS

COMPLETED BY EMPLOYEE/STUDENT (Please Print):

Date _____ Semester: Fall _____ Spring _____ Summer _____ Status: UG _____ GR _____

First Name _____ Last Name _____ Last 4 of SS _____

Student University ID U_____ Email _____

Permanent Address _____

City/State/Zip _____

Permanent Phone _____ Cell Phone _____

COMPLETED BY EMPLOYER- INVOICES SHOULD BE MAILED OR EMAILED TO:

Attention of: _____

Company Name _____ Department _____

Company Representative Name _____ Title _____

Company Address _____ City/State/Zip _____

Email _____ Contact Number _____

For approving payment for Credit by Exam or Experiential Learning, please complete the course information below:

Credit by Exam: \$60 minimum per course, plus \$15 per credit hour in excess of 3 hours per course. Example a 1hr, 2hr and 3 hr course will be \$60 each. A 4hr course will be \$60+15=\$75.

Experiential Learning: Undergraduate \$75 per credit hour and graduate \$100 per credit hour

Subject	Course Number	Credit Hours	Credit by Exam	Experiential Learning	Amount

SIGNATURES:

I authorize the University of Memphis to invoice the company listed above for the employee listed above.

Company Representative's (Print)

Company Representative's Signature

Date _____

I understand that, as the student, I am ultimately responsible for payment of my alternative credits if my employer fails to pay the University for these fees. I authorize the University of Memphis to release my student information to the employer listed above. Also, I understand that any remaining balance must be paid by the semester fee payment deadline.

Employee/Student (Print)

Employee/Student Signature

Date _____

FORMS MUST BE SUBMITTED BY THE SEMESTER FEE PAYMENT DEADLINE AND MAY BE FAXED TO 901-678-1190 OR EMAILED TO BURSAR AR@MEMPHIS.EDU.