



CERRITOS COLLEGE SPONSOR BILLING AUTHORIZATION FORM

This form is for entities that wish to sponsor one or more students at Cerritos College. 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.

Sponsors complete this form once each semester to specify students and expenses to be covered. Sponsor account balances will roll to future semesters and will be applied to students listed on Sponsor Billing Authorization. A new authorization begins each semester, and includes all expenses listed below. Sponsor payments are due by the invoice due dates. **New Sponsor Billing Authorization forms will not be honored if organizations have outstanding balances for two or more semesters.**

A Sponsor Billing Authorization form must be completed by an authorized representative of the sponsor.

Sponsor invoices are generated after the course add/drop period each semester and monthly thereafter as needed. These are delivered by email to the sponsor.

Please contact us with questions or concerns before submitting this form, vouchers, or other supporting documents can be submitted to StudentFees@Cerritos.edu but do not replace this completed form.

SECTION I: SPONSOR INFORMATION

Sponsor Billing Address

Organization Name: _____
Department Name: _____
Email Address: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Sponsor Point of Contact Information

Contact Person Name: _____ Job Title: _____
Contact Phone Number: _____ Email: _____

SECTION II: PAYMENT INFORMATION

Select sponsored semesters: YEAR: _____ Fall Spring Summer

Specific Courses Only? Yes No If Yes, please list courses: _____

Sponsor has a maximum dollar amount of coverage per semester \$: _____

Sponsor has a maximum dollar amount of coverage per student \$: _____

For each item, select coverage check-box OR enter a per-semester maximum dollar amount (USD)

- Cerritos College Student Activities (CCSA) – Fall/Spring \$19 Summer \$13 (Max coverage: _____)
- Non-California Residents –
All Semesters \$310.00 / Unit (\$282 + \$38 Capital Outlay Fee) (Max Coverage: _____)
- Health Fee – Fall/Spring \$19 Summer \$16 (Max Coverage: _____)
- Student Representation Fee (SRF) – All Semesters \$2 (Max Coverage: _____)
- Enrollment Fee \$46/unit (Max Coverage: _____)
- Lab/Material Fees (Max Coverage: _____)

All students listed below will be covered.



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Check box if a separate spreadsheet will be provided.

Student Name: _____	Student ID Number: _____
Student Name: _____	Student ID Number: _____
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Student Name: _____	Student ID Number: _____
Student Name: _____	Student ID Number: _____
Student Name: _____	Student ID Number: _____
Student Name: _____	Student ID Number: _____
Student Name: _____	Student ID Number: _____
Student Name: _____	Student ID Number: _____

Privacy Policy

The Federal Family Educational Rights and Privacy Act (FERPA) 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.

Payment Policy

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

Refund Policy

Credits as a result of student drops will roll to future semesters, unless written request to refund sponsor is received by Bursar. A student is eligible for a refund if: a) classes are dropped by the required deadline; b) the program change is the result of action taken by the college to cancel or reschedule a class; c) the student is dropped for failure to meet a prerequisite(s) or corequisite(s); and/or, d) the student is active or reserve U.S. Military personnel who withdraws due to military orders.

Cerritos College Office Use Only

Org ID: _____ Term: _____

Campus Program Name: _____

Program Facilitator: _____

Item type number and/or district account number: _____

PS Third Party Contract: _____