

**NOTE: Books are NOT shipped until this agreement is signed and presented to CCV site office.**

EXPIRATION DATE FOR SUMMER 2008 SEMESTER: Friday, June 6, 2008

COLLEGE TERM (check only one):  Fall  Spring  Summer Year \_\_\_\_\_

**STUDENT INFORMATION:**

Name \_\_\_\_\_

Colleague ID \_\_\_\_\_ E-mail or phone \_\_\_\_\_

**SPONSOR INFORMATION** (please print):

Sponsor Name/Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

OK to bill by email

Authorized Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please indicate the maximum dollar amount your sponsor will pay. We will assume the sponsor will cover all charges checked below if an amount is not given. \$ \_\_\_\_\_
- By signing this form, your sponsor agrees to pay the costs directly to Community College of Vermont upon receipt of an invoice. This contract binds the sponsor to pay the above charges regardless of the student's performance/completion in our course or the sponsor's program.
- Please check below the charges that your sponsor will be paying for:
 

<input type="checkbox"/> Books	<input type="checkbox"/> Tuition	<input type="checkbox"/> Materials/Equipment Fee
<input type="checkbox"/> Shipping/Handling (if applicable)	<input type="checkbox"/> Enrollment Fee	<input type="checkbox"/> Lab Fee

You may either fill this out by hand, or print out a view of the books in your basket:

Course Number	Book Title	Book Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT: Remember to submit your voucher to your local CCV site office and order/purchase your books before the June 6, 2008 deadline.**

Shipping \_\_\_\_\_

Total Due \_\_\_\_\_

I authorize the use of Title IV (ie: federal financial aid) to cover the cost of books reflected in total amount due. I agree to pay the total amount due in the event that Financial Aid and/or third party authorization is not forthcoming. I understand that if this amount is not paid within 30 days, any further registrations will require cash payment at registration. I further understand that I will be liable for all reasonable costs necessary for the collection of my balance outstanding at the end of the college term.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Email Address \_\_\_\_\_ Phone \_\_\_\_\_