

Sponsor Name: _____

Name of Sponsored Student: _____ Student CWID: _____

- If Sponsor has multiple sponsored students, check box and provide a student list with their name, CWID, and length of sponsorship*.

**If you have multiple sponsored students, you may provide a student list that this authorization form is applicable for. You may skip entering/writing the specific student's name and CWID.*

Duration of the Sponsorship with Student(s):

- | | | | | | | | | | | |
|---|----------------|---|-------------|----------------|--------|-------|----------|-------|----------|-------|
| <ul style="list-style-type: none"> ▪ The duration of the student's entire degree | OR | <table border="0"> <tr> <td style="text-align: center;">Term</td> <td style="text-align: center;">Year(s)</td> </tr> <tr> <td>▪ Fall</td> <td>_____</td> </tr> <tr> <td>▪ Spring</td> <td>_____</td> </tr> <tr> <td>▪ Summer</td> <td>_____</td> </tr> </table> | Term | Year(s) | ▪ Fall | _____ | ▪ Spring | _____ | ▪ Summer | _____ |
| Term | Year(s) | | | | | | | | | |
| ▪ Fall | _____ | | | | | | | | | |
| ▪ Spring | _____ | | | | | | | | | |
| ▪ Summer | _____ | | | | | | | | | |

Please specify years if not intending to pay for duration of entire degree.

Sponsor's Payment Selection:**

Tuition

- Tuition
- Required Course/Program Fees

Health Insurance

- Health Insurance*

**Health Insurance is automatically charged into student's account. It will be the student's responsibility to waive if applicable*

Mandatory Fees

- Academic Construction Fee
- Associated Student Fee
- Athletics Fee
- Intermodal Transportation Fee
- Recreation Fee
- Health Services Fee
- Student Services Fee
- Technology Fee

Room and Board

- Mines Traditional Housing
- Mines Traditional Meal Plan

Mandatory Fee (New Students Only)

- Orientation Fee
- International Orientation Fee

***Sponsor Authorizations must guarantee payment of tuition and fees to Mines without restrictions relating to the student's performance.*

***The Bursar Office must receive the Sponsorship Authorization Form no later than the first day of classes*

***Student's Financial Guarantee Letter will not be accepted for billing purposes*

Sponsor Name: _____

Sponsor Contact Information

Name: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Sponsor Billing Information

Billing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Billing Process

- Sponsors will be billed after census day of each semester.
- Any adjustments in tuition and fees will be communicated via e-mail to Sponsors.
- Thirty (30) days after the invoiced date, if the invoice remains unpaid, an e-mail notification will be sent to the sponsor and students notifying that payments has not been received.
- Forty-five (45) days after the invoiced date, if the invoice remains unpaid, the charges will be placed on the student account.
 - After the forty-fifth day from the invoiced date, late fees will be assessed at a rate of 18% per annum.
- Students are legally responsible to pay the full cost of their educational expenses if their sponsor does not pay.

Signature

I (the authorizing sponsor) certify that the above information is accurate as of today and in the instance that the above information changes, Colorado School of Mines will be contacted immediately.

Signature: _____ Date: _____