

## Dual Enrollment Payment Agreement

Semester:\_\_\_\_

H.S. Name:						
ATTN:Billing Address:			Fax No.:	Please submit payment a with the Dual Enrollment		n accordance
Class Title	Final (	Class Sch		nent Option (che	ack one	2)
		·		. ,		<i>,</i>
(SAMPLE) ENGL 1302	RUH01	14844	Waived	Billed	X	Sponsored
			Waived	Billed		Sponsored
			Waived	Billed		Sponsored
			Waived	Billed		Sponsored
			Waived	Billed		Sponsored
			Waived	□ Billed		Sponsored
			Waived	Billed		Sponsored
			Waived	Billed	_ <u>_</u>	Sponsored
			Waived	Billed	<u> </u>	Sponsored
			☐ Waived	Billed		Sponsored
			☐ Waived	Billed		Sponsored
			☐ Waived	☐ Billed		Sponsored
			☐ Waived	☐ Billed		Sponsored
			☐ Waived	☐ Billed		Sponsored
Waived = School Provided Instructor	Bi	lled = Student	Pays	Sponsored	= School	ol Pays

I agree that this is the finalized schedule of courses as well as the planned payment options for the above referenced school district. A student marked as billed will be withdrawn if payment is not received by the 12th class day.

Signature	of	Certifying	Official
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