



Third-Party Authorization Form

The College of Southern Maryland has a process which allows an employer to pay an employee’s tuition and fees in MCET sponsored classes. Please use this form if your company is paying for an employee to participate in training. Please send this completed form along with the appropriate registration form to webreg@csmd.edu and tap@csmd.edu.

Student Name: _____
Students Address: _____
City, State, Zip Code: _____
Phone: _____
Email: _____
Student ID: _____

Company Name: _____
Contact Name _____
Billing Address: _____
City, State, Zip Code: _____
Phone: _____
Fax: _____
Email: _____

Course Name: _____
Course Date: _____

I _____ authorize CSM to charge
tuition and fees in the amount of \$ _____

Method of Payment:

- Invoice company
- PO# _____

Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____