



**Duke University Study Abroad  
Program Payment Confirmation & Authorization**

**OPTION 1: Bill Student Directly**

Our institution is not involved in the billing arrangements for \_\_\_\_\_ (student name), participant in \_\_\_\_\_ (name of program). Please bill the student directly.

Study Abroad Office Rep. \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTION 2: Third Party Billing Request & Authorization**

Per this agreement, \_\_\_\_\_ (name of university) is authorizing Duke University to bill our institution on behalf of the student named below for the tuition and fees indicated. We will submit prompt payment upon receipt of an invoice from Duke University.

If student pays a deposit to Duke University, any overpayments on the account, up to the deposit amount, will be refunded to the student.

Student Name: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Term Fall  Spring  Summer  Year: \_\_\_\_\_

Tuition

Program Fee

Transcript Fee

**Billing Information:**

Billing address for this authorization:

Study Abroad Advisor Rep. \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the form using one of the following:**

Fax: 919-684-3083

Mail: Duke University, Office of Study Abroad  
Box 90057  
Durham, NC 27708-0057