



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/Off-Campus Study 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.

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

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

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

Tuition [ ]

Program Fee [ ]

Transcript Fee [ ]

- [ ] Our institution is responsible for paying the advanced deposit required prior to enrollment. This deposit payment will appear as a credit on the student's bill.

Please note that the Duke University Bursar does not bill for program deposits. Also, if the student pays a deposit to Duke University, any overpayments on the account, up to the deposit amount, will be refunded to the student. Please note: student will also receive a bill at his/her home address for information purposes.

Billing Information:

Billing address for this authorization: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Study Abroad/Off-Campus Rep. \_\_\_\_\_

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

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

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

Please return the form using one of the following: Fax: 919-684-3083 Email: globaled@duke.edu Mail: Duke University, Global Education Office for Undergraduates Box 90057, Durham, NC 27708-0057