

Sponsor Billing Authorization Form

This form is for entities that wish to sponsor one or more students at MSU. A sponsor is an organization, not an individual. If your organization is providing a scholarship, employer reimbursement, Pre-paid College Savings or 529 Plan payment, do not use this form.

Sponsors complete this form once each year to specify the semesters and expenses to be covered. Forms and selections do not roll-over to the next academic year. A new contract year begins with each Fall semester, and includes that year's Fall, Spring, and Summer semesters. A Sponsor Billing Authorization form must be completed by an authorized representative of the sponsor organization.

Sponsor invoices are generated after quarter-of-term each semester and monthly thereafter, as needed. These are delivered via email to the sponsor. Students also receive a separate monthly student bill that is used to identify the charges for which they are responsible. Sponsor and student payments are due by the invoice due dates.

Accurate responses ensure timely and accurate sponsor invoices. Please contact our office with questions or concerns before submitting this form (phone and email contact information appear in the header above). Vouchers or other supporting documents can be submitted to student.sponsor@ctrl.msu.edu, but do not replace this completed form. Vouchers and other supporting documents submitted to our office must include the sponsored student's full name and NET ID or EMPLID.

Administrative Fee for Sponsored International Students: International Organizations sponsoring international students will be charged an annual administrative fee for services and support rendered. The fee of \$700 is assessed in two installments of \$350 each for the Fall and Spring semesters, for each supported student who is enrolled in those terms.

SPONSOR INFORMATION

Organization Name

Dept. Name

Sponsor/Organization Country of Origin

Authorization Point of Contact Information

Contact Person Name

Contact Phone Number Contact Email

Sponsor Address Information

Address Line 1

Address Line 2

City State/Province Postal Code

Country

Invoicing Point of Contact Information

Contact Person Name

Contact Phone Number Email for receipt of sponsor invoices (Required)

CONTRACT INFORMATION

Academic Year: Select sponsored semesters (one or more): Fall Spring Summer

Example: 2022/2023

Check the boxes that match sponsor's situation/needs:

1. Sponsor will provide a voucher to be released with invoice. *(This is not common)*
2. Sponsor requires a course listing with invoice. *(This is not common)*
3. Sponsor has a maximum dollar amount of coverage per semester *(list amount)* \$

SPONSORED STUDENT(S)

Use page #3 if this Authorization covers more than one student.

Student Name (Last, First) - Required	Student NET ID - Required	Sponsor Student Number* - Optional

COVERAGE DETAILS

SCHOLARSHIPS/ GRANTS Check this box if additional scholarships/grants are permitted.
 Check this box if scholarships/grants reduce sponsor 100% tuition coverage.....
ENROLLMENT Check this box if full-time enrollment is required.

CHARGE-SPECIFIC COVERAGE

Check this box if **ALL** student receivables charges are covered.
Indicate semester-coverage levels. For each item, select the 100% coverage check-box OR enter a per semester maximum dollar amount (USD).

		Sponsor covers 100%	OR	Maximum coverage
TUITION	Tuition _____	<input type="checkbox"/>		\$ _____
	<i>Tuition and mandatory fees: http://ctrl.msu.edu/COStudentAccounts</i>			
FEES	<i>Mandatory</i> ASMSU, COGS, and/or COMSTax _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory</i> FM Radio Tax & State News Tax _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory</i> Recreation Fee _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory</i> James Madison College Student Tax (JMCU student, only) _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory</i> Special Program Fee _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory</i> Req. Course Materials (ie: CHM/COM course materials) _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory</i> Student Fee (international students only) _____	<input type="checkbox"/>		\$ _____
	<i>Mandatory: International, CHM, COM, CVM students</i> Student Health Insurance _____	<input type="checkbox"/>		\$ _____
	<i>https://hr.msu.edu/benefits/students/health</i>			
	Housing _____	<input type="checkbox"/>		\$ _____
	<i>https://liveon.msu.edu/rates</i>			
	Meal Plan _____	<input type="checkbox"/>		\$ _____
	<i>https://eatatstate.msu.edu/diningplans/residential</i>			
	Spartan Cash _____	<input type="checkbox"/>		\$ _____
	<i>https://spartancash.msu.edu</i>			
	Late Fees (if applicable) _____	<input type="checkbox"/>		\$ _____

COURSE-SPECIFIC COVERAGE

If covering specific courses, please provide each covered course and the dollar amount of assistance to be applied. Course specific coverage will apply to tuition charges only. If additional fees/charges will be covered please indicate under the "CHARGE-SPECIFIC COVERAGE" section above.

Course Number	Course Description	Authorized Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

A \$25.00 third party billing fee will be added to each semester's tuition invoice. If the organization/sponsor chooses not to pay this fee, it will be charged back to the individual student each semester. Please check this box if the Third-Party Billing Fee will be covered.

SIGN AND DATE

Signature: _____ **Date:** _____
 Authorized representative of the sponsor/organization

Payment Policy

Payment methods include wire transfer or check. Details are included on the sponsor invoice. Students are responsible for any items not included on the sponsor invoice, and these are identified on their separate monthly student bill. Payments are due by sponsor invoice and student bill due dates. In the event a sponsor does not pay, any outstanding sponsor balance remains the financial responsibility of the student.

Submit Form: Please email completed Sponsor Billing Authorization form to student.sponsor@ctrl.msu.edu.

All students listed below will be covered for the items and semesters selected on pages 1 and 2 of the Sponsor Billing Authorization Form. If sponsor is providing their own recipient list, the list must include the student recipients' name and student NET ID.

	Student Name: Last, First Required	Student NET ID Required	Sponsor Student Number* Optional
1			
2			
3			
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20			

* The Sponsor Student Number is optional. It is a string that will appear on the sponsor invoice. It should be something useful to the sponsor: a sponsor's internal ID for the student, a purchase order number, etc., but NOT a Social Security Number. Note that the student's name, Student NET ID, and sponsor name will already appear on the invoice, and do not need to be entered here.