

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 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

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Contact Phone #

Contact Email

Sponsor Address Information

Address Line 1

Address Line 2

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

City

State/Province

Postal Code

Country

Invoicing Point of Contact Information

Contact Person Name

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Contact Phone #

Email for sponsor invoices (required)

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

CONTRACT INFORMATION

Academic Year: Select sponsored semesters (one or more): Fall Spring Summer
Example: 2024 /2025

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(s) each semester. Please check this box if the Third-Party Billing Fee will be covered.

COVERAGE DETAILS

SCHOLARSHIPS/GRANTS

Additional scholarships or grants are permitted Yes No

Scholarships or grants reduce sponsor 100% coverage Yes No

ENROLLMENT

Full-time enrollment is required Yes No

Coverage for online courses is permitted Yes No

CHARGE-SPECIFIC COVERAGE

Sponsor has a maximum dollar amount of coverage per semester: Yes (list amount) \$ No

Indicate covered charges (check boxes that apply)

| | | |
|----------------|--|--------------------------|
| TUITION | Tuition | <input type="checkbox"/> |
| | <i>Tuition and mandatory fees: https://ctrl.msu.edu/student-accounts/tuition-rates-by-semester</i> | |
| FEES | <i>Mandatory</i> ASMSU, COGS, and/or COMS Tax | <input type="checkbox"/> |
| | <i>Mandatory</i> FM Radio Tax & State News Tax | <input type="checkbox"/> |
| | <i>Mandatory</i> Recreation and Fitness Center 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</i> Student Health Insurance (medical and international students only) https://hr.msu.edu/benefits/students/health | <input type="checkbox"/> |
| | Housing https://liveon.msu.edu/rates | <input type="checkbox"/> |
| | Meal Plan https://eatatstate.msu.edu/diningplans/residential/ | <input type="checkbox"/> |
| | Spartan Cash https://spartancash.msu.edu | <input type="checkbox"/> |
| | Late Fees | <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 |
|---------------|--------------------|-------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

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 a 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) |
|----|---|---------------------------|---------------------------------------|
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*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.