

Third Party Billing Agreement

The undersigned parties have entered into a third party billing agreement whereby all mandatory tuition and fee charges for up to 18 credits associated with the final year of study in the teacher preparation or school counseling program will be paid by the school district identified.

By signing this form the student agrees that invoices detailing tuition and fee charges may be provided to the school district under the provisions of the memorandum of understanding associated with the Fellowship Program. The school district agrees to pay the charges associated with this program according to the terms of the invoice provided.

This agreement applies to the following semesters: Fall of _____ and Spring of _____
(Year) (Year)

Please note that the student will be held responsible for all charges if they fail to meet the terms of their Fellowship agreement with the district.

Student Name

School District

Student SSU ID Number

Authorized School District Official (print)

Student Signature

Authorized School District Signature

Date

Date

School district to provide complete address to which invoices should be sent (email preferred):

Email: _____

Return this fully executed document to the Student Navigation Center at Salem State University.

Email: navcenter@salemstate.edu

Fax: 978.542.8520

Mail: Salem State University
Student Navigation Center
352 Lafayette Street
Salem, MA 01970

In person: Student Navigation Center, Central Campus, Classroom Building, Second Floor