



**GEORGETOWN UNIVERSITY**  
**School of Continuing Studies**  
*Center for Continuing and Professional Education*

**To:** Student Accounts Department

**Fax:** 202-784-7231

**Date:** \_\_\_\_\_

**Re:** **GEORGETOWN UNIVERSITY INTENT TO PAY MEMO**

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

Student GUID: \_\_\_\_\_

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

Course number	Course name	Start Date	End Date	Tuition

The Center for Continuing & Professional Education will invoice Third Party as indicated below. Course withdrawals must be processed per the Georgetown Withdrawal/Refund Policy, available at [ccpe.georgetown.edu](http://ccpe.georgetown.edu). Without this confirmation from the Third Party, the student will be dropped from the course(s). As authorized by the organization listed below, I agree to have Georgetown University Center for Continuing and Professional Education bill the charges as outlined and credit that amount to the above student's account. I understand that all invoices received from Georgetown University Center for Continuing and Professional Education are due upon receipt. I hereby acknowledge that I have read all of the provisions of this Third Party Intent to Pay Memo.

Third Party Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Method**

☐ Third Party will pay full tuition  
Total Amount approved: \$ \_\_\_\_\_

☐ Third Party and Student will split tuition  
o Student will pay: \$ \_\_\_\_\_  
o Third Party will pay: \$ \_\_\_\_\_

Third Party Payer: \_\_\_\_\_  
Company or Organization Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email invoice to attention: \_\_\_\_\_

Email (required for invoice): \_\_\_\_\_

Contact Telephone (required for invoice): \_\_\_\_\_

Contact Fax (required for invoice): \_\_\_\_\_

**Third Party Method of payment**

- ☐ Check. Mail to:  
Center for Continuing and Professional Education  
Attn: CCPE Student Accounts Manager  
640 Massachusetts Ave., NW Washington, DC 20001
- ☐ Army/Federal Government CCR
- ☐ Credit Card. Georgetown University Credit Card authorization form required.

I understand that it is my responsibility, as the student, to pay any difference on the account that is not covered by the Third Party. All invoices received from the Georgetown University Center for Continuing and Professional Education are due upon receipt. I hereby acknowledge that I have read all the provisions of this Third Party Intent to Pay Memo and agree to pay by credit card any tuition not paid by the Third Party listed.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_