



Allegheny Campus
Student Accounts
808 Ridge Avenue
Pgh., PA 15212
412-237-4641

Boyce Campus
Student Accounts
595 Beatty Road
Monroeville, PA 15146
724-325-6785

Continuing Education
West Hills Center
1000 McKee Road
Oakdale, PA 15071
412-788-7500

North Campus
Student Accounts
8701 Perry Highway
Pgh., PA 15237
412-369-3670

South Campus
Student Accounts
1750 Clairton Road
West Mifflin, PA 15122
412-469-6399

EMPLOYER/AGENCY PAYMENT OF TUITION/EXPENSE AGREEMENT

(NOTICE: THIS IS A LEGALLY BINDING CONTRACT. CONSULT WITH LEGAL COUNSEL BEFORE SIGNING)

Company/Agency Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____ Phone Number _____

Agrees to pay 100% or _____%/dollars of the following:

- (Check all that apply) Tuition Fees Books Supplies
- (Check only one term) Fall Spring 1st Summer 2nd Summer
- (Check only one type) Credit Courses Only Non-Credit Courses Only

Specific Course/Other _____

COLLEGE REGULATIONS

1. All bills are due and payable within 30 days of invoicing.
2. All College registration and refund policies apply to this contract.
3. Any agreement between the student and the Company/Agency will have no bearing on this contract, i.e., pass/fail/ reimbursement, etc.
4. In order for a Company/Agency to sponsor a student, the student must be an "employee" of the Company or client of the Agency. The College reserves the right to verify that the student is an employee of the Company or client of the Agency.
5. All out-of-county/state companies/Agencies must pay out-of-county/state tuition and fees if the student is out-of-county/state.
6. All in-county companies, who sponsor an out-of-county student, will be charged in-county rates as long as the student is an "employee" of the Company.
7. All in-county agencies, who sponsor an out-of-county student, will be charged the appropriate out-of-county rates.
8. No information pertaining to the student will be released to the Company/Agency unless the student authorizes the release in writing.
9. The College does not enter into any performance-based contracts with any Company/Agency.
10. The College will only bill for those charges not covered by other funding sources (grants, scholarships, etc.) If this policy conflicts with your policy, please attach a letter of explanation.
11. This Agreement applies only as to the term checked off above. A new agreement must be executed for each term thereafter.
12. Payment must be made either by a company check or company credit card. No personal checks will be accepted as payment.

The contract must contain a list of students. Please indicate their DOB and Name on the lines below. If additional space is needed, please attach a typed list. This contract is not valid unless the appropriate employee/client box is checked.

D.O.B	Name	Emp/Client	D.O.B	Name	Emp/Client
_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>
_____	_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	_____	<input type="checkbox"/> / <input type="checkbox"/>

Company/Agency agrees to unconditionally sponsor the above student(s) in accordance with the policies of the Community College of Allegheny County regarding the registration and refund process. The Company/Agency also agrees to unconditionally make the payments as set forth above. The Company/Agency agrees that the student(s) named above are third party beneficiaries of this contract. If Company/Agency defaults on this contract, Company/Agency also understands that it will not be permitted future contracts with the College.

With the intent to be legally bound, witness the due execution by the Company/Agency.

Company/Agency Signature _____ Title _____ Date _____

Received by:

College Signature _____ Title _____ Date _____

College Use: Sponsor # _____ Sponsorship # _____ Contract # _____ Year/Term _____