



External Sponsorship Authorization

This is an external form to be completed by the Sponsoring Company/Agency for the student(s) being sponsored for each course registered at Rowan-Cabarrus Community College. Please submit this completed form to coned@rccc.edu as quickly as possible to expedite registration and the sponsorship billing process. If not received at least three (3) business days before the start of class, the student will be dropped according to College policy.

As the "Sponsoring Company/Agency", I/we agree:

- to pay all expenses including but not limited to tuition, books, e-text, and fees (technology fees, insurance if applicable, etc.) as required for the course(s) for the listed student(s),
- to pay the associated invoice within 30 days of receipt (net 30) based on payment options provided on the invoice,
- if the student is awarded other forms of financial assistance which results in a credit balance, excess funds will be issued to the student.

Please note that if a refund is owed as per the refund policy, it will be issued to the account holder via the original method of payment (Destiny One only). If tuition and fees are not paid, the Sponsoring Company/Agency is not permitted to sponsor another Rowan-Cabarrus student until the sponsor account balance is settled in full. Additionally, lack of payment by the Sponsoring Company/Agency may jeopardize the student's future sponsorship privileges indefinitely. The Sponsoring Company/Agency agrees that all unpaid course-related expenses may become the student's responsibility up to and including garnishment of tax returns as determined by the Finance & Business Services Office.

Thank you for sponsoring a student at Rowan-Cabarrus Community College! If you have questions about billing or payment, please contact the Finance and Business Services Office via email at acctreceivable@rccc.edu or call 704-216-7237.

1. Must be completed by RCCC Registration Staff:

Student Information:

Student Full Name(s): _____
 Student ID(s): _____
 Sponsored Course Name: _____ Course ID: _____
 Sponsored Course Start/End Dates: _____ Cost/Student: _____

2. Must be completed/signed by Sponsoring Agency:

Sponsoring Company/Agency Information:

Company/Agency Name: _____
 Mailing Address: _____ (include city, state, zip)
 EIN/SSN (or provide W9): _____
 Billing Contact Name: _____
 Billing Contact Email: _____ (where invoice should be sent)
 Billing Contact Phone: _____

Signature below indicates the Sponsoring Company/Agency's agreement to the above terms and obligation to pay.

 Sponsor Signature, Title

 Date