



COMPANY SPONSORSHIP AGREEMENT

Cashiers Office 2830 Napoleon Rd Fremont, OH 43420-9670
419-559-2329 or 800-334-3886 ext 2329 cashier@terra.edu

PROCEDURE

Have the Human Resources Dept complete & sign this form. Student will sign the bottom section.
Please return this form to Terra at above address, OR fax 419-334-9035 OR e-mail to cashier@terra.edu

COMPANY

Company Name _____

Company Contact _____ E-Mail _____

Company Address _____

E-Mail to scan billing _____

Company Contact Phone Number _____ Fax _____

Semester to be Covered _____ APPRENTICE ___YES ___NO

Student Name _____ SSN xxx - xx - _____
Please Print

PLEASE CHOOSE OPTION 1 OR 2 BELOW

_____ **OPTION 1** Bill Company at end of Semester, include Grades & Vouchers
Fees Company will be responsible for; please check all that apply

___ Registration Fee ___ Tuition/General Fees ___ Activity Fee ___ Lab Fees ___ Books
___ Tools (automotive, HVAC, electrical, etc) ___ Supplies (pens, pencils, etc) \$_____ allowable amt
Tool credit applied at time of purchase, Book Store call ext 2329 with amount needed

Courses to be covered, please list name and/or number

_____ **OPTION 2** **REB** Student reimbursed directly by the company. Student pays Terra.

Authorized Company Signature _____ Print Name and Title _____

STUDENT (read & sign below)

Fees will be due 30 days after grades are mailed. I understand I am responsible for payment directly to Terra Community College. If I fail to meet the payment deadline, I will be charged a \$25 late fee. I understand if for any reason my employer fails to reimburse Terra Community College, I am responsible for any outstanding monetary obligation to Terra including fees due after withdrawing from classes.

I authorize Terra Community College to certify a copy of my grades & account information to my Employer.

Student Signature _____ Date _____