



GLOBAL EDUCATION OFFICE *for* UNDERGRADUATES

PROGRAM PAYMENT CONFIRMATION & AUTHORIZATION/THIRD PARTY BILLING

OPTION 1: Bill Student Directly

Our institution is not involved in the billing arrangements for _____ (student name), participant in _____ (name of program). Please bill the student directly.

Study Abroad/Off-Campus Study Rep. _____

Title: _____

Signature: _____ Date: _____

OPTION 2: Third Party Billing Request & Authorization

- ❖ Per this agreement, _____ (name of university) is authorizing Duke University to bill our institution on behalf of the student named below for the tuition and fees indicated. We will submit prompt payment upon receipt of an invoice from Duke University.

Student Name: _____

Name of Program: _____

Term Fall Spring Summer Year: _____

Full Duke Tuition

Partial Tuition \$_____ Amount Home Institution will pay

Program Fee

Transcript Fee

- ❖ Our institution is responsible for paying the advanced deposit required prior to enrollment (semester programs only). This deposit payment will appear as a credit on the student's bill.

*Please note that the Duke University Bursar does not bill for program deposits. Also, if the student pays a deposit to Duke University, any overpayments on the account, up to the deposit amount, will be refunded to the student. **Please note: student will also receive a bill notification via email for information purposes.***

Billing Information:

Billing address for this authorization: _____

Tel: _____ Email: _____

Study Abroad/Off-Campus Rep. _____

Title: _____

Phone number: _____

Signature: _____ Date: _____

Please return the form using one of the following:

Email: gloaled@duke.edu

Fax: 919-684-3083

**Mail: Duke University, Global Education Office for Undergraduates,
Box 90057, Durham, NC 27708-0057**