Authorization Form
For WTCS 2% Fire Insurance Dues

Sponsored Student Only

The undersigned company/agency will assume the responsibility for payment of fees for the employees in the amounts and categories indicated. Attendance or satisfactory completion of a course will not be considered a condition of payment. Billing will be according to the refund policy approved by the state VTAE Board. Credit will be given for dropped class according to the Gateway refund policy. If a student drops, withdraws, fails or does not complete a class, the company/agency is responsible for payment. If at the end of the academic year, the state and/or WTCS prorates their payment, the company/agency is responsible for payment of any remaining balance.

Company Name ____________________________
Street __________________________________
City __________________ State ______ Zip

Company Representative Signature ____________________________
Phone Number __________________ Date __________________

Course Title: ____________________________ Tuition Per Student: __________
Course Number: ____________________ Number of Students: __________
Total Fees Covered: __________________

NAMES OF PARTICIPANTS:
(Please staple registration forms on back)

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Copies: ☐ Original-Department ☐ 1st-Registration ☐ 2nd-Business Office