



West Shore Community College

Sponsor Authorization Form

Please type or print neatly

PART I – BILLING INFORMATION

Company Name: _____

Billing Address: _____

Phone Number: _____ Email Address: _____

Person Making Request: _____

Fees to be Billed: Tuition Fees Books or All Costs

The undersigned individual, acting with the authority of the named company, hereby authorizes WSCC to bill the named sponsor and **GUARANTEES** payment for all costs indicated for the individual(s) and course(s) listed below.

Printed Name: _____

Authorizing Signature: _____ Date: _____

PART II – REGISTRATION INFORMATION

Semester to be Enrolled: Fall Spring Summer 20_____

Indicate below the individual(s) and course(s) to be sponsored.

	Name	Social Security # LAST FOUR	Class Information DEPT NUM SECT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please mail or fax this form to:
West Shore Community College
3000 N. Stiles Rd.
Scottville, MI 49454
P: (231) 843-5889 F: (231) 845-0801

OR

Email this form to:
cashier@westshore.edu