

## Dual Enrollment Payment Agreement

Semester:\_\_\_\_\_

H.S. Name:			Phone No.:			
ATTN:			_			
Billing Address:			-		ment agreements in the Dual Enrollment	
			-	M	OU's.	
Email:						
If ema	il address is provi	ded you can re	quest to receive a d	digital invoice from	SWTX.	
	Final Cl	ass Sch	edule			
Class Title	Section	Key	Payme	ayment Option (check one)		
(SAMPLE) ENGL 1302	RUH01	14844	☐ Waived	Billed	X Sponsored	
			☐ Waived	☐ Billed	Sponsored	
			☐ Waived	☐ Billed	Sponsored	
			☐ Waived	☐ Billed	☐ Sponsored	
			☐ Waived	☐ Billed	☐ Sponsored	
			☐ Waived	Billed	☐ Sponsored	
			☐ Waived	☐ Billed	Sponsored	
			☐ Waived	Billed	Sponsored	
			☐ Waived	Billed	Sponsored	
			☐ Waived	Billed	Sponsored	
			☐ Waived	☐ Billed	☐ Sponsored	
			☐ Waived	☐ Billed	☐ Sponsored	
			☐ Waived	☐ Billed	☐ Sponsored	
			☐ Waived	Billed	Sponsored	
Waived = School Provided Instructor	Bil	led = Studen	t Pays	Sponsored	= School Pays	

I agree that this is the finalized schedule of courses as well as the planned payment options for the abc referenced school district. A student marked as billed will be withdrawn if payment is not received by tl 12th class day.

Signature of Certifying Official
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