

SWCC CERTIFICATION OF DEPARTMENT/GRANT PROGRAM/LOCAL FUNDS

AUTHORIZATION OF PAYMENT OF STUDENT TUITION/FEES

Original form shall be completed and signed by authorized agency official and shall be submitted to the Business Office. **All information except signatures shall be typed.**

Date: _____

THIS IS TO CERTIFY THAT SWCC: _____

Department/Grant Program/Local Funds

HAS AGREED TO PAY TUITION/FEES EXPENSES, FOR STUDENTS AS LISTED BELOW,

DURING _____ SEMESTER, 20____.

Student Empl ID	Last Name, First Name	Authorized Tuition/Fee Amount
GRAND TOTAL		

Department Code _____

Grant Line Item _____

Signature Requestor Date

Signature Vice President Date

Signature Supervisor Date

Signature President Date

BUSINESS OFFICE USE ONLY:

Initial Review by: _____ Date: _____ Keyed by: _____ Date: _____

Final Review by: _____ Date: _____