



Intent to Sponsor Employee Form

AA & BBA Programs

Applicants should complete the Employee sections below and present to his/her school principal or administrator for completion and approval. This form should then be submitted to billing@doral.edu *prior to enrolling in courses*. **Students who do not have an approved Intent to Sponsor form on file will be expected to pay for their own courses and billed accordingly.**

****If you are completing the Associate in Arts (AA) program with the intention of transitioning to the Bachelor of Science in Elementary Education (BSED) program, do not use this form. Please use the AA, BSED, & EPI Programs Intent to Sponsor Form instead.****

EMPLOYEE INFORMATION

Employee Name: _____ Current Position: _____

Have you already applied to Doral College? Yes No

Have you been accepted? Yes No

If yes, to which program have you been accepted?

Associate in Arts (AA)

Bachelor of Business Administration

Semester Beginning Program: _____

SCHOOL INFORMATION

Sponsoring School: _____ School ID Number: _____

School Address: _____ City/State/Zip: _____

EMPLOYEE ACKNOWLEDGMENTS

I agree to notify my employer of any changes in status at Doral College, including failure to maintain good academic and disciplinary standing; Course drop or Withdraw; and/or Withdrawal from Doral College.

I understand that if I fail or Withdraw from a course/course(s), I may be expected to pay back to my employer tuition paid on my behalf for said course(s).

I understand that in addition to this form, I may be expected to complete a separate Promissory Note with additional requirements and service obligations.

In accordance with the Federal Education Rights and Privacy Act of 1974, I hereby consent that Doral College may disclose the following information to my employer for the purposes of determining my eligibility for, evaluating, and facilitating the enforcement of, the sponsorship aid provided by my employer: Admissions information, academic records, registration information, course attendance information. In addition, I also explicitly acknowledge that disclosure of my information is permitted for the purpose of enforcing the terms and conditions of the aid being provided by my employer.

FORGIVABLE PROMISSORY NOTE

As a sponsored student, the Employee understands they will be completing a Forgivable Promissory Note for the cost of their coursework. The Employee and School Principal must initial below and provide their e-mail addresses for the Promissory Note to be sent to Employee to be signed. (*Note: The Employee must complete their academic and service obligation to the School for the Promissory Note to be forgiven; otherwise, the Employee may be responsible for loan repayment*):

Employee Initial: _____ Employee E-mail Address: _____

Principal Initial: _____ Principal E-mail Address: _____

SCHOOL SIGNATURE

I understand that by completing and signing this form, the school will be billed directly by Doral College for the coursework agreed to above each semester and shall be bound to make all payments due to the College.

I understand that lower division tuition is currently \$110/credit, upper division tuition is currently \$130/credit and that tuition rates are subject to change.

Principal Name: _____ Signature: _____

Date: _____

EMPLOYEE SIGNATURE

I agree to abide by the acknowledgements indicated above.

Employee Name: _____ Signature: _____

Date: _____

DORAL COLLEGE SIGNATURE

Accepted and agreed.

Doral College Designee: _____ Signature: _____