



For Internal Use Only

Date Received: _____

Call Number Assigned: _____

HHS University

Phone: 301-451-6810

Fax: 301-480-3287

**ACADEMIC PARTNERSHIP
AUTHORIZATION/PAYMENT FORM**

School Name _____

Course Name _____ Number of Credit Hours _____

Course Number _____ Type of Course: Distance / On-Site (circle)

Start Date _____ End Date _____

Tuition Amount _____

Employee Name _____

OPDIV (Please circle one): ACF AHRQ AoA CDC CMS FDA HRSA IHS NIH OS PSC
SAMHSA

Employee Telephone Number: _____ Fax Number: _____

Employee Email Address: _____

Credit Card Payment

Total Amount of Payment \$ _____ Government Credit Card Visa
American Express Discover

Credit Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Phone Number: _____

Cardholder Signature: _____ Date: _____

Other Forms Of Payment (check appropriate box)

NIHITS Agency 350

If you are paying by NIHITS, 350 or another mechanism please fill out the top 2 sections of this form and fax it, along with your payment form to HHS University.