

## Dual Credit ISD Payment Authorization

		will be	responsible for	the payment for	the following students
	ame of Agency)		•		
to McLennan	Community	College for the follow	ing semester:		
г 11		TA7' ( 3 4' '		<b>C</b> :	,
Fall semester		Winter Minisemester			
(year)			(year)		(year)
Summer Mini	sem	ester Summer 1	semester	Summer	· 2 semester
O 01.11.11.10.1 1 / 1.11.11	(year)	(ye	ear)	0 0	2semester (year)
Tuition & Fees	IncludED Textbook Fee	Student Name	Student ID (Required)	Course Name	Comments
D	۸ يا ا				
Payment 2	Approved by:	(Authoriz	ed School Signa	nture)	
	Title: _	(Tidelio112	_	-	
	Date: –				

Scan and email this form to student account receivables@mclennan.edu or fax to the Business Office, Accounts Receivable at (254)299-6203, <u>2 weeks prior</u> to the first day of the semester. If MCC receives this form after that time, there is no guarantee it will be processed by the first day of the semester and may result in schedule deletion.