



Third Party Contract (TPC) Application

Instructions and Terms for Academic Year _____

A Third Party sponsor is an entity who has agreed to pay all or a specified portion of a student's tuition and fees for either the academic year or a specific term. The University of North Texas Health Science Center of Fort Worth (UNT Health) will invoice sponsors requiring a separate invoice for specific tuition and fees the sponsor is willing to pay in support of the student.

To be considered for the TPC billing process, sponsors must complete this application form for the current academic year. If support is per term, we must receive your completed form and letter of support by **at least 10 days prior to the first day of the term.**

Sponsor's Billing and Contact Information

Organization Name: _____

Address: _____

City, State, Postal Code, Country: _____

Billing Contact Person: _____

Billing Contact Title: _____

Billing Contact's phone #, with international codes: _____

Billing Contact's fax #, with international codes: _____

Billing Contact's email: _____

Name of Authorized Agent (with authority to sign this contract): _____

Sponsor Agreement

We, the sponsor, understand by signing this form we have been informed a TPC credit will be applied to the students' account prior to invoicing the sponsor. It is understood the agreed upon charges are not dependent on attendance, obtaining a grade, performance and/or continued financial aid. If the sponsor does not pay the TPC invoice within 30 days of the issuance of the invoice, the TPC credit applied to the student's UNT Health account will be removed. The charges will be due and payable by the student immediately. This action may cause the student's account to become past due and delinquent. The student's account may be placed on hold. This hold will prohibit future enrollment, transcript and diploma releases. If this account is referred to an outside collection agency, the student may be responsible for all collection costs, interest, legal and court fees, if applicable.

Sponsor's Signature: _____ Printed Sponsor's Name: _____

Sponsor Title: _____ Date: _____



Student Information

Complete this application for a single student or, for a group of students, provide a roster, which must include the following information for each student sponsored by your organization.

Last Name: _____ First Name: _____

UNT Health Student ID#: _____

Please check the terms that will your organization will sponsor this student for the 20____ - 2____ year.

Fall_____ Spring_____ Summer_____

Charges to be invoiced, check below

Tuition & Fees \$ _____ By Term \$ _____

Payment is due 30 days after the invoice date

Payment Methods

Third-Party Contract (TPC) payments can be made by check, cashier's check, money order or EFT.

To ensure proper credit, please provide the TPC Invoice number and the students' ID number on your check advice payment.

When paying by mail, please mail to:
University of North Texas Health Science (UNT
Health) Attn: Student Finance SSC 159
3500 Camp Bowie Boulevard
Fort Worth, Texas 76107

Electronic funds transfer:

Information upon request