

Disney

college program

Credit and Billing Form

INSTRUCTIONS

To the Student: Please discuss your plans to participate in the Disney College Program with your faculty advisor and email this form to them or print a copy. Academic credit and billing arrangements are determined by each student’s college or university; DCP does not grant academic credit. If anyone on your campus needs additional information in order to make the credit and billing arrangements, please contact the DCP. Students will be billed for any DCP fees that the school does not pay. **Full payment of all DCP fees is due prior to the beginning of the semester.** If you arrange credit, please check with your school to determine the total cost to you. If you do not want to arrange credit, please disregard this form.

ACADEMIC CREDIT (to be completed by a faculty member or administrator)

Student’s Name _____

Program Component	# of Credits
Internship (4 days/week = 32 hours/week)	
Internship Seminar: Reflections on Public Service, Leadership & Professional Devel.	
Core Course	
Independent Research Project (optional)	

BILLING ARRANGEMENTS (to be completed by a faculty member or administrator)

Whom should Disney College Program bill for each program component? Please **initial** one box on each row.

Program Component	Home Institution	Student
Academic Internship Program Tuition		
Housing Fee		
Housing Deposit		

If the home institution is to be billed, please provide the contact person's information below.

Name of Billing Contact _____

Title _____

Email _____

Phone number _____

FACULTY ADVISOR AGREEMENT

Student's Name _____

I certify that this student will receive credit from Daemen University upon successful completion of the Disney College Program. I certify that the billing information provided above is correct. I agree to notify the Disney College Program in writing of any changes to the credit and billing information. I acknowledge that I am the Faculty Advisor for this student for the duration of the program and I will receive all evaluations and grades for this student*. Communication of final grades and evaluations will be affected if the student has an outstanding balance.

Title _____

School _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Email address _____

Faculty Advisor's Signature

_____ **Date** _____

(Please print and sign this form; do not type signature)