

## Authorization for Use of Co-Pay Privilege(s)

**SECTION I: To be read and completed by the District Employee authorized to use the privilege(s):**

I request to have Co-Pay Privilege(s) applied during the following quarter:

Fall     Winter     Spring     Summer

For Enrollment at:

SOU     PSU\*

Please provide the following course information:

Dept. & Course #	CRN (SOU 4 digits; PSU 5)	Course Title	# of Credits

**Steps for Enrollment at SOU:**

- a) Contact the "Co-Pay Liaison" at your District Office to learn how and when you will need to initiate the Co-Pay request process. Districts have established an approval process that may require weeks of processing time in advance of your enrollment.
- b) Check that the course you are planning to take is listed at the SOU Class Schedule (<https://inside.sou.edu/schedule/schedule.html>); courses listed *only* on a special flyer are generally not eligible for discounted tuition.

**Co-Pay Privileges may be applied to:**

- ALL listed SOU courses **with the prefixes "ED," "SPED," "LEAD," "MAT" and "READ."**
- Other listed SOU courses UNLESS DELIVERED ONLINE (marked "WWW" for "Room"). *The only online courses that are eligible for discounted tuition are those with the prefixes "ED," "SPED," "LEAD," and "READ."*

**Course Fees:** If the course with one of the above prefixes is delivered online, a \$65/credit course fee will be applied in addition to tuition; this is in lieu of the mandatory fees that apply to other SOU courses.

- c) Confirm with your district that your request has been approved and register at [www.sou.edu](http://www.sou.edu) for the course(s).
- d) Look up the tuition/fee amount due on your SISWeb account. **Pay the full amount on your billing by the end of the first week of classes to avoid late fees and interest. You will receive a refund for the Co-Pay amount after the fourth week.** Once the Co-Pay Privilege has been applied to your account, your account balance will be reduced by two-thirds of the Tuition for the number of Co-Pay credits your district awarded you.

**Please note:**

- EIGHT is the maximum number of Co-pay Credits that can be used in a single quarter. Any additional credits awarded will be forfeited.
- **Payment must be made by the end of the first week of classes to avoid late charges and interest.** Do not wait for an adjusted billing, as many courses require a manual adjustment which does not take place until the fourth week of the quarter.
- Refunds for overpaid accounts will be processed no later than the end of the fourth week of the term. If your billing from SOU does not reflect the Co-Pay adjustment at that time, contact Eric Wilhite, IT Consultant for the Enrollment Services Center, at [tuitionandfees@sou.edu](mailto:tuitionandfees@sou.edu) for clarification.
- If you enroll in credits exceeding the number of Co-Pay Privilege credits that you were awarded, the university will assess additional tuition as well as all mandatory fees applicable to all hours for which you are registered.

**By signing below, I acknowledge that I have been notified of the above conditions that apply to use of Co-Pay Privileges (please keep a copy of this form for future reference).**

\_\_\_\_\_  
District Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print Legibly)

\_\_\_\_\_  
SOU ID No. (SSN is required for PSU Enrollment)

\* Use of Co-Pay Privileges at PSU is provided through a special agreement initiated by PSU and is subject to change. For information about your account status, contact [Thirdparty@pdx.edu](mailto:Thirdparty@pdx.edu) at the PSU Student Financial Services Office.

**SECTION II: To be completed by the District Liaison:**

A. As District Liaison, I certify with my signature below that the above individual is qualifying employee of this district and is thus eligible to use the following Co-Pay Privileges (indicate Privilege Sequence #s Below):

Check here if this employee qualifies under the Diverse Educator Recruitment Plan.

\_\_\_\_\_  
District Liaison, Signature

\_\_\_\_\_  
Chrissy Richmond

\_\_\_\_\_  
Name, Printed

\_\_\_\_\_  
Medford School District 549C

\_\_\_\_\_  
School District

\_\_\_\_\_  
541-842-1017

\_\_\_\_\_  
Tel #

**B. Forward the completed authorization form to the Licensure Specialist by EMAIL: [licensure@sou.edu](mailto:licensure@sou.edu)**

Note to Liaison:

Authorization forms received after the end of the second week of the applicable quarter cannot be processed (for SOU calendar, please visit <http://www.sou.edu/enrollment/calendar.html>). Please establish district deadlines that will allow you to meet this deadline.