

State of Georgia
Nonpublic Postsecondary Education Commission

Institutional Authorization

FEE TRANSMITTAL FORM

Name of Institution _____

Date _____

Check the box to the left of each type of fee enclosed, and indicate the amount in the blank at the right. Please examine carefully the Schedule of Fees and instructions for institutional authorization before completing this form.

Authorization fee, based on annual income from gross tuition, application fees, and registration fees (excluding refunds) totaling \$ _____, covering the twelve-month period from _____ 20 ____ to _____ 20 ____) \$ _____

Special Purpose Fees (if applicable; see Fee Schedule). Please identify separately:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ENCLOSED (Make checks payable to Nonpublic Postsecondary Education Commission) \$ _____