Incarcerated Re-Entry Distance Learning Program Contact: 2323 West 14th Street Tempe, Arizona 85281, Phone: 480-517-8345; Email: Incarcerated.Reentr@riosalado.edu

**Self-Pay/Payment Form - In State**

Student ID: ______________

<table>
<thead>
<tr>
<th>Last Name (Please Print)</th>
<th>First Name</th>
<th>DOC #</th>
<th>Unit</th>
<th>Housing</th>
<th>Facility</th>
</tr>
</thead>
</table>

Indicate the Certificate you are Seeking:
- Addictions and Substance Use Disorder Level 1 (21 credits)
- Addictions and Substance Use Disorder Level 1 (18 credits)
- Certificate in General Business (21 credits)
- Organizational Management (18 credits)
- Workforce Development and Community Re-Entry (13 credits)

A Rio Salado Representative will contact your third party informing them of the cost of books and other fees associated with the course(s) requested.
- Tuition per credit hour: **$86.00**
- Course Materials Packet (includes syllabus, scantrons, and instructor labels): **$15.00 per class**
- Registration fee: **$15.00 per semester**
- Cost of books: **Varies**

<table>
<thead>
<tr>
<th>Course and Course Title and Credits</th>
<th>Book Price</th>
<th>Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td></td>
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</tbody>
</table>

($86 per credit) Enter Tuition Total $ 
(Per Semester) Registration Fee 15.00 $ 
(Per Class) Course Materials Fee 15.00 $ 

**Total Amount Due** $

*If there is no response from the Payment Contact, the form will be returned to the student.*

Payment Contact Information: ___________________________ ___________________________  
Name or Organization  Phone Number

Email: ___________________________

**Inmate Signature:**

Name (Please Print)  DOC #  Signature/Date

__________________________ ____________________________
Phone Number  Email Address

This section must be completed by DOC or Rio Salado Staff

<table>
<thead>
<tr>
<th>Compliance Issues</th>
<th>Staff Initials</th>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>#2 Disciplinary</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>#4 GED/ HS Diploma</td>
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</tr>
</tbody>
</table>

**Approval of CEPS/CEPM/Education Coordinator:**

Name (Please Print)  Title  Signature/Date

__________________________
Phone Number  Email Address

*Forms are returned to the student if incomplete or if the student is ineligible to take classes.*

Last Updated: August 22, 2016 LH