



Self-Pay/Payment Form - In State

Student ID: _____

Last Name (Please Print)	First Name	DOC #	Unit	Housing	Facility

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**

Course and Course Title and Credits	Book Price	Tax	Total
#1			\$
#2			\$
(\$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**

This section must be completed by DOC or Rio Salado Staff

Compliance Issues	Staff Initials	Date	Comments
#2 Disciplinary			
#4 GED/ HS Diploma			

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.