Incarcerated Re-Entry (IRE) Correspondence Education: 2323 West 14<sup>th</sup> Street Tempe, Arizona 85281, Phone:480-517-8345 Incarcerated Reentr@riosalado.edu



Incarcerated.Reentr@riosa	alado.edu				
<b>Self-Pay/Payment</b>	Form - In Sta	ate Student II	D:		
	First Name	DOC #	Unit	Housing	Facility
				8	
T 1' ( 1	1: , 1				
Indicate the program you a	-		(11 16 -	1	
☐ Arizona General Edu			_		
☐ Quality Customer Se	, ,				
☐ Addictions and Subst	ance Use Disorder	r Level I (9 Classes	s) Level II (7	classes) <b>Not ne</b>	eded if student has
certificate.					
☐ Small Business Mana	•				
☐ Workforce Developm	nent and Communi	ity Re-Entry (6 clas	sses) <b>Not nee</b>	ded if student l	nas certificate.
☐ Sustainable Foods (4	classes) Not need	ed if student has	certificate.		
☐ Associate Degree: Co	ompleted Certificat	te and or has 13 to	29 college cro	edits (19 -26 cla	sses)
A Rio Salado Representat	ive will contact yo	our third party infor	ming them of	the cost of boo	ks and other fees
associated with the course	(s) requested.				
<ul> <li>Tuition per credit l</li> </ul>	hour: <b>\$85.00</b>				
<ul> <li>Course Materials I</li> </ul>		class and Registra	tion fee: \$15.	00 per semeste	r (\$30)
<ul> <li>Cost of books: Va</li> </ul>	_	C		•	
Course and Course Title			Credit		Total
#1					\$
#2					\$
	Som	e ASD, SBS, QCS	and WFR Co	ourses 1 Credit	\$115
	Som	e ASD, SBS, QCS	and WFR Co	ourses 2 Credit	\$200
AGEC, Degree, and Sus	\$285				
	\$370				
			Tota	al Amount Due	\$

			Total	Amount Due \$	
If there is no res	sponse from the Pay	ment Conta	act, the form will be	returned to the stude	nt.
Payment Contact Informat	_ ,				
3	Name or O	rganization		Number/Email	
Please indicate if you are:					
□ VA student: List chapt	ter			· · · · · · · · · · · · · · · · · · ·	
☐ Tribal Funded: Contac	ct for tribe				
☐ Funding Source Name	and Number				
Inmate Signature:					
Name (Please Print)	DOC	: #	Signature/Da	te	
Name (Please Print)	DOC	! #	Signature/Da	te	
,	DOC This section must be				
,					
,	This section must be	e completed	by DOC or Rio Sal		
Compliance Issues	This section must be	e completed	by DOC or Rio Sal		
Compliance Issues #2 Disciplinary	This section must be Staff Initials	Date	by DOC or Rio Sal		

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

**Email Address** 

Phone Number