

COLORADO BPW EDUCATION FOUNDATION

**STATEMENT OF ACCEPTANCE
AND SCHEDULE OF FEES**

_____ has been accepted by:
(Name of Applicant)

Name of School _____

Address _____

Phone _____

for _____ Academic Year.
(insert dates)

Program or course of study _____

Is this course of study accredited? _____ Yes _____ No

By what accreditation association? _____

How long will it take to complete this course of study?

_____ Semester Hours _____ Quarter Hours

Cost per academic credit hour _____

Please itemize the tuition and fees for this Academic Year in the space below.

Educational Expenses	Amount	Payable On
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total tuition and fees for Academic Year	\$ _____	

Signature of Admissions Officer

Title

Date