Date _____

NBCDI
National Black Child Development Institute

Pre-Authorization Request

Semester: (cirle one) **Spring** ○ **Summer** ○ **Fall** ○ **Year** _____

Name _____

Center Name _____ **Student ID #** _____

Intended Method of Payment: (check one)

☐ **Recipient** ☐ **Child Care Facility** ■ **T.E.A.C.H.** ☐ **Other Financial Aid**
(i.e. Pell Grant

Course Prefix	Course Number	Course Name or Title	Course Credit Hours	College Name (Please Do Not Abbreviate)
EDU Example	101 Example	Introduction to Education Example	3 Example	ABC University Example