



Employer/Sponsor Approval for Fees (Cont Ed) – Group Listing

This form is to be completed **in addition to** the Employer/Sponsorship Approval for Fees form where a sponsor wishes to list a **group** of employees/students who are approved for sponsorship

Please complete the following information for **each student** where sponsorship is approved

Employer/Sponsor Organization Name _____

Course Name _____

Course Date(s) _____ Course Fee \$ _____ HST \$ _____

1. Student Name _____
Last First Middle Initial

M F Birthdate: _____ / _____ / _____
Mandatory mm/dd/yy Student ID Number: _____

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

2. Student Name _____
Last First Middle Initial

M F Birthdate: _____ / _____ / _____
Mandatory mm/dd/yy Student ID Number: _____

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

3. Student Name _____
Last First Middle Initial

M F Birthdate: _____ / _____ / _____
Mandatory mm/dd/yy Student ID Number: _____

Home Address _____

City/Prov: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

Notes

1. Must be submitted with the **signed** "Employer/Sponsorship Approval for Fees (Cont Ed)" form.
2. Completion of this form in no way guarantees availability of seats

Registration: 4461 Interurban Rd • Victoria, BC • V9E 2C1

Visit us on the Web ▶ camosun.ca/ce

Registration

Phone: 250-370-3550

Fax: 250-370-3551