



Employer/Sponsor Approval for Fees – Continuing Education

To register more than one student, please **ALSO** fill out an Employer/Sponsor Approval for Fees – Group Listing form

Last Name (Student) _____ First _____ Initial _____

Mandatory

M F Birthdate: _____ / _____ / _____
mm/dd/yy

Student ID Number: _____

Home Address _____ City/Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Course(s):

1. Course No.: _____ Fee: \$ _____ HST 12%: \$ _____

Course Name: _____

2. Course No.: _____ Fee: \$ _____ HST 12%: \$ _____

Course Name: _____

3. Course No.: _____ Fee: \$ _____ HST 12%: \$ _____

Course Name: _____

As a sponsor you will be able to register an employee and defer payment until you receive an invoice. Upon registration the employee/student will receive a confirmation of enrollment in the mail. It will specify the day, time and location of the course(s) and it will indicate a balance due. This balance will be transferred from the student's account to a sponsor account and you will be invoiced. **Please wait to receive the sponsor invoice before sending payment.** We will ensure that you are billed for the courses you have specified and the recipient you have named in the sponsorship agreement. If the course is cancelled or the student withdraws (**within the required published timelines**) the sponsor will receive the appropriate credit or refund. Sponsorship is subject to the Camosun College Continuing Education Calendar refund and withdrawal policies and procedures.

Completion of this form constitutes understanding and acceptance of the liability for course fees on behalf of the student/employee. Cancellation of a sponsorship must conform to college withdrawal policy and is required in writing. For further information please see the Continuing Education website (camosun.ca/ce) or call 250-370-3030.

This sponsorship is authorized by:

Signature _____ Date _____

Print name _____ Title _____ Sponsor Phone _____

Employer/Sponsor name _____ Sponsor Fax _____

Sponsor billing address _____

Purchase Order # or Claim # (if applicable) _____ Sponsor email _____

Chargecard # _____ Expiry _____ / _____

Note: 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