



# 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

M  F  Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID Number: \_\_\_\_\_  
mm/dd/yy

\_\_\_\_\_  
Home Address City/Province Postal Code

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Cell Phone Email

## Course(s):

1. Course No.: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Course Name: \_\_\_\_\_

2. Course No.: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Course Name: \_\_\_\_\_

3. Course No.: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

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](http://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 ▶ [www.camosun.ca/ce](http://www.camosun.ca/ce)

## Registration

Phone: 250-370-3550

Fax: 250-370-3551