



# Employer/Sponsor Approval for Fees Continuing Education Group Registration

## Sponsorship Authorization:

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 specifying the day, time and location of the course(s) and indicating a balance due. As the sponsor, you will be invoiced for the balance due. **Please wait to receive the sponsor invoice before sending payment.**

We will ensure that you are billed for the courses you have specified 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, unless you have authorized a transfer of the sponsorship agreement to be applied to the next available offering of the course:

I agree to extend this sponsorship agreement to the next available offering of the course in the event that the section selected is cancelled: YES:  NO:

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. Please note, in compliance with **the Freedom of Information/Protection of Privacy Act (RSB1996) c. 165**, a sponsor cannot make changes to the student's registration. For further information please see the Continuing Education website (camosun.ca/ce) or call 250-370-3030.

## This sponsorship is authorized by:

Employer/Sponsor Name: \_\_\_\_\_ Sponsor Fax: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sponsor Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Billing Address: \_\_\_\_\_

Sponsor E-mail: \_\_\_\_\_ PO or Claim # (if applicable) \_\_\_\_\_

Please check here if you want to pay by credit card. We will contact you at the sponsor phone number provided above when the invoice is ready.

**DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM**

**Note: Completion of this form in no way guarantees availability of seats.**

## COURSE INFORMATION:

| Full Course Code | Course Title | Fee |
|------------------|--------------|-----|
| 1.               |              |     |
| 2.               |              |     |

1. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_

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

Home Address \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

2. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_

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

Home Address \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Registration Department

3100 Foul Bay Road  
Victoria, BC • V8P 5J2

Phone: 250-370-3550

Fax: 250-370-3551

Visit us on the Web [camosun.ca/ce](http://camosun.ca/ce)

3. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_  
M  F  Birthdate: (mm) \_\_\_\_ / (dd) \_\_\_\_ / (yy) \_\_\_\_ Student ID Number: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_  
M  F  Birthdate: (mm) \_\_\_\_ / (dd) \_\_\_\_ / (yy) \_\_\_\_ Student ID Number: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_  
M  F  Birthdate: (mm) \_\_\_\_ / (dd) \_\_\_\_ / (yy) \_\_\_\_ Student ID Number: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_  
M  F  Birthdate: (mm) \_\_\_\_ / (dd) \_\_\_\_ / (yy) \_\_\_\_ Student ID Number: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Student Name: (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M) \_\_\_\_\_  
M  F  Birthdate: (mm) \_\_\_\_ / (dd) \_\_\_\_ / (yy) \_\_\_\_ Student ID Number: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_