Apprentice Sponsor Agency Approval for Fees

Completion of this form constitutes acceptance of liability for fees on behalf of the student named below. An agency, which accepts such liability, will be billed for any/all fees as indicated below. Sponsorship is subject to the policies and procedures of the College with particular attention drawn to those policies and procedures regarding non-attendance, withdrawal from courses and programs, Student Benefits Plan, payment of tuition fees, and tuition fee refunds, as published on the college website. Completion of this form acknowledges the understanding and acceptance of these policies and procedures, and releases the student from any financial obligation. This liability is not contingent on student attendance or performance. This document excludes textbooks and supplies (contact the Bookstore), parking, and locker fees.

The sponsor agrees to the payment term of **30** days upon receipt of invoice. The student will receive a Registration Statement as confirmation of enrolment. That form may not accurately reflect any changes to their registration. Therefore please ***do not remit payment until you receive an invoice***. Cancellation of a sponsorship must conform to college withdrawal policy and a sponsor must apply in writing.

1. _____ C _____
Last Name **First Name** **Student #**

Apprentice#: _____ **Registration# (TWID):** _____

Gender: Male ☐ Female ☐ **Birth Date *(required)*:** _____
MM / DD / YY

_____ _____ _____
Student Address **City / Province** **Postal Code**

2. Program: _____ **Preferred Start:** _____
MM / DD / YY

3. Apprentice Level: Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐

OR Sponsored for all levels of apprentice ☐

4. This sponsorship includes:

Non-Refundable Application Fee: Yes ☐ **$35.70** No ☐ Tuition and Student Fees: Yes ☐ No ☐
Assessment/Testing Fee: Yes ☐ $ No ☐

Maximum fee for which sponsorship is given (*if applicable)*: **$** _____

This sponsorship is authorized by:

_____ _____
Signature **Date**

_____ _____ _____
Print Name **Title** **Agency Phone**

_____ _____
Agency Name **Agency Fax**

_____ _____
Agency Billing Address **Email Address**

6. Purchase Order or Claim # _____

Please fax to:
Interurban Campus 250-370-3750

Note: *Acceptance of this form does not guarantee availability of seats.*

Finance Office use only: _____

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