



# Sponsor Agency Approval for Fees

Completion of this form constitutes acceptance of liability for tuition fees on behalf of the student named below. The School District which accepts such liability will be billed for any/all tuition 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, 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, bus passes, and locker fees.

The sponsor agrees to the payment term of **30** days upon receipt of invoice. **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. **Note: Acceptance of this form does not guarantee availability of seats.**

\_\_\_\_\_ C \_\_\_\_\_  
**Student Last Name** **First Name** **Student #**  
**Gender:**  Male  Female **Birth Date (required):** \_\_\_\_\_  
MM / DD / YY

**Program/Course Name:** \_\_\_\_\_ **Year (e.g. 2017/18):** \_\_\_\_\_  
**Program/Course Name:** \_\_\_\_\_ **Year (e.g. 2017/18):** \_\_\_\_\_  
**Program/Course Name:** \_\_\_\_\_ **Year (e.g. 2017/18):** \_\_\_\_\_  
**Program/Course Name:** \_\_\_\_\_ **Year (e.g. 2017/18):** \_\_\_\_\_  
**Program/Course Name:** \_\_\_\_\_ **Year (e.g. 2017/18):** \_\_\_\_\_

**Academic terms included:**  Fall (Sep – Dec)  Winter (Jan-Apr)  Spring (May-June)  Summer (July-Aug)  
**OR** months: \_\_\_\_\_ to \_\_\_\_\_

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

**This sponsorship is authorized by:**

_____		_____
<b>Signature</b>		<b>Date</b>
_____		_____
<b>Print Name</b>	<b>Title</b>	<b>Phone</b>
_____		_____
<b>School District Name</b>		<b>Fax</b>
_____		_____
<b>School District Billing Address</b>		<b>Email Address</b>

**Please fax or deliver to:**  
 South Island Partnership  
 Camosun College  
 4461 Interurban Road, Room JW 105C  
 Victoria BC V9E 2C1  
 Phone: 250-370-4208/4827  
 Fax: 250-370-3723  
 Email: sip@camosun.bc.ca  
 camosun.ca/sip

<b>Finance Office use only</b>  _____ _____ _____ _____ _____
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