



## South Island Partnership Sponsor Approval for Fees Cohort Registration

Completion of this form constitutes acceptance of liability for tuition fees on behalf of the cohort(s) 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 students 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.

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This spon	sorship is aut	horized by:			
School Distri	-		Fax:		
Print Name:			Phone:		
Signature:			E-mail:		
School Distri	ct Billing Address:				
School:			PO or 0	PO or Claim # (if applicable)	
IN/IDODT/	NIT. Dlagge	attach a separate class list of	cnoncoro	d students for each diffe	
course li	sted below.	Phone:  E-mail:  PO or Claim # (if applicable)  IT: Please attach a separate class list of sponsored students for each different ed below. If students are added to class lists after this form is returned to the d Partnership office, please complete an additional sponsorship form.  DRMATION – PLEASE LIST EACH DIFFERENT DUAL CREDIT COURSE YOUR SCHOOL IS OFFERING: Term Course Name & Number (e.g. PSYC 130) Section Number (e.g. RH01)			
South Isla	and Partner	ship office, please complete an	additiona	I sponsorship form.	
COURSE IN	FORMATION -	- PLEASE LIST EACH DIFFERENT DUAL CR	EDIT COURSI	E YOUR SCHOOL IS OFFERING:	
	Term	Course Name & Number (e.g. PSYC 130)	Section	on Number (e.g. RH01)	
	(e.g. 2015F)				
	Please fax or deliver		er to:	Finance Office use only	
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		camosun.ca/sip			