

Student Sponsorship Approval

PLEASE FOLLOW THESE INSTRUCTIONS TO SUBMIT YOUR FORM:

- 1. DOWNLOAD FORM (Note: this form will not be saved otherwise)
- 2. COMPLETE and SAVE FORM with changes to your computer
- 3. SUBMIT FORM by email attachment to registration@camosun.ca

Student Information									
LAST NAME		FIRST NAME				STUDENT NUMBER			
ADDRESS	CITY/PROVINCE				POSTAL CODE				
Program Information									
PROGRAM/COURSE NAME							START DATE		
ACADEMIC TERMS INCLUDED	*Intakes may be subject	to change	TRADES	APPRENT	ICE ONLY	•			
Fall (Sep – Dec)	Apprentice Level: Level 1					Level 2 Level 3			
Summer (May – Aug)	Level 4					All levels			
This sponsorship includes these ma Students with alternate coverage me	•	Extende Medical:		es	No	De	ntal:	Yes	No
Student Consent to Disclos	ure								
I authorize Camosun College to con account, attendance, progress, and Training; Ministry of Education; and Disclosure is unsigned.	related enrolment informa	ation to my Sp	onsor orgar	ization or	individual	; Ministry	of Advar	iced Educa	tion and Skills
STUDENT SIGNATURE							DATE		
Organization Information									
ORGANIZATION CONTACT							PHONE	≣	
ORGANIZATION				EMAIL ADDRESS					
BILLING ADDRESS				<u> </u>			PURC	HASE ORD	ER#(OPTIONAL)
Additional Information									
Please read below and confi		abalf of the	idont r !	ahau- T	·	ا - : -اید سما		uala liakilik	النب
Completion of this form constitutes accep Il fees as indicated above. Sponsorship	•				0			,	•
on-attendance, withdrawal from courses							•		•
Completion of this form acknowledges the ability is not contingent on student attend								•	•
ocker fees. Visit http://camosun.ca/lear	· ·						•		,

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.

SPONSOR SIGNATURE

Yes, I agree to the above terms:

DATE