

SPONSORING AGENCY APPROVAL FORM

Student Information

Name: _____ Birthdate: Yr _____ Mth _____ Day _____
(Please print clearly)

Mailing Address: _____ Gender Male Female

City: _____ Postal Code: _____

Home phone: _____ Business phone: _____

I hereby authorize the University College of the Fraser Valley to give the below-mentioned agency any information regarding my attendance, effort and progress regarding the above course.

Student Signature: _____ Date: _____

Course Information

Course Title: _____ Course Fee: _____
Books: _____

Course Code: _____ Section: _____ CRN: _____

Start date: _____ End date: _____ Days/Time: _____

Course location: _____ Room #: _____

Sponsor Information

Upon receipt of invoice, the cost of course fees and/or books will be paid by the agency/company as listed and authorized below.

Agency/Company name: _____

Name of Agency/Company official: _____

Address: _____

City: _____ Postal Code: _____

Business phone: _____ Fax: _____

Authorization: _____ Date: _____

Please fax this form back to Continuing Studies
Abbotsford, 604-859-8462