

SPONSORSHIP BILLING AUTHORIZATION FORM

A. Sponsor Information			
Sponsor Name:			
Contact Name:			
Address:		City/Prov:	
Postal Code:	Phone #:	Fax #:	
*Email:			

*Invoices will be emailed to this address

B. Student Information	
Last Name:	First Name:
Student Number:	
Birth date if student number not available:	

C. Duration of Sponsorship			
Fall (Sep – Dec) <input type="checkbox"/>	Winter (Jan – Apr) <input type="checkbox"/>	Summer (May – Aug) <input type="checkbox"/>	Trades (Aug – Jul) <input type="checkbox"/>
Year: 20____	Year: 20____	Year: 20____	Year: 20____
Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____	Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____	Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____	Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____

D. Sponsor Billing Categories			
Please indicate the fees you authorize to pay			
<input type="checkbox"/>	Application Fee	<input type="checkbox"/>	Ancillary Fees (Mandatory)
<input type="checkbox"/>	Tuition	<input type="checkbox"/>	Student Fees (Mandatory)
<input type="checkbox"/>	*Health & Dental Plan	<input type="checkbox"/>	Graduation Fee
<input type="checkbox"/>	Transcript Fee		
BOOKSTORE			
<input type="checkbox"/>	Textbooks	<input type="checkbox"/>	Supplies
Other:			
Exempt Items:			

*PLEASE NOTE: Students who already have equivalent extended health and benefit plans, may opt out of paying this fee.

E. Authorization	
I authorize the University of the Fraser Valley to invoice for the charges outlined:	
Authorized Name & Title:	
Signature:	Date (mm/dd/yy):

For student fees explanation & tuition due dates, please visit <https://www.ufv.ca/admissions/feandpay/>

SPONSORSHIP – TERMS AND CONDITIONS

Forward the completed form to:

Email: reginfo@ufv.ca

Fax: (604) 853-0138

- Employers, First Nations, Government Agencies, other educational institutions & charitable organizations are examples of third-party sponsors.
 - Family members (ie. Parents, grandparents etc.) are not considered to be sponsors.
- The Sponsorship Billing Authorization form is for tuition fees & bookstore purchases only, during academic terms. Please visit the CE web page for sponsorship information <http://www.ufv.ca/continuing-education/funding/>.
- The health & dental plan is part of the registration cost for all full-time students.
 - **Please note:** Students who already have equivalent extended health and dental plans, may opt out of paying the fee. For all questions, including the dates of change of coverage period/opt out dates, please contact StudentCare at: <http://studentcare.ca>.
- The British Columbia Freedom of Information and Protection of Privacy Act provides that UFV may not release any information pertaining to student records, to anyone other than the student without the student's consent. UFV does not normally allow any person other than the student to conduct student related business.
 - Please ensure that your sponsored student submits a student information release waiver, <https://www.ufv.ca/registrar/records/information-release/>, and include it with the Sponsorship Billing Authorization form.
- It is the student's responsibility to inform the sponsor if they withdraw, are required to withdraw, or take a leave of absence. The University will not notify the sponsor if the student stops attending.
 - If you, as the sponsor, require a list of courses your student is registered in, please ask your student to log into myUFV to retrieve their course information for the semester.
- All billings will be in Canadian funds, payments must be made within 30 days of billing. If you have any questions about sponsorship billing, please contact Finance Accounts Receivable at acctsreceivable@ufv.ca.
- For student fees explanation & tuition due dates, please visit <https://www.ufv.ca/admissions/feandpay/>.