



INSTRUCTION

SPONSORSHIP BILLING APPLICATION FORM - FOR TUITION FEES

Note: This application is not for organizations granting scholarship, award or bursary funds.
Parties eligible to act as a sponsor include organizations, companies, Aboriginal bands and government agencies.

Sponsorship Billing Application

Please complete one form per student and return it by fax to 604.822.9858 by the deadlines below.

Sponsorship letters are not accepted unless accompanied by a completed Sponsorship Billing Application form. Once processed, students will be required to give Third Party Authorization to their sponsor through the Student Service Centre (SSC). Students will receive an email with further details about this process.

Important: Outstanding fees on the sponsor student's account must be paid before this application can be processed.

Deadlines

Sponsorship Billing forms must be received by the following due dates:

Sessions	Date	Deadline
Summer Session	May - August	April 1
Winter Session (Term 1 and 2)	September - April	August 1
Term 2 (new students only)	January - April	November 1

Forms received after the above deadlines may not be processed. As a result, tuition will not be deferred and will not be billed to the sponsoring organization. Students are required to pay their fees by the standard due dates, and the request reimbursement from their sponsor directly. Visit www.students.ubc.ca/coursesreg/dates-deadlines for more information.

Interest will be assessed monthly on all late payments. Student with overdue amounts risk being placed on financial hold and be subject to late fees. When on financial hold, registration activity is restricted, including adding and dropping courses. In addition, requests for official academic transcripts are not granted, and graduation diplomas are withheld. The financial hold will only be lifted when outstanding fees are paid. Students are responsible for all fees charged by UBC which are not paid by their sponsor.

Invoices

At the end of the first month of each term, invoices will be sent by email, a mailed paper copy is available by request only. Payment is due upon receipt of invoice.

Tax Receipts

Please be advised that, in keeping with Canada Revenue Agency guidelines, it is the responsibility of the sponsoring organization to issue a T4A tax receipt to their sponsored students. UBC does not provide this service.



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Student Details

Student Number (8 digits) _____

Last Name _____

First Name _____

Student's Date of Birth (dd/mm/yy) _____

Duration of Sponsorship

Indicate the term(s) of sponsor coverage:

- | | | |
|--|--|---|
| Summer Session 20____ | Winter Session 20____ / 20____ | Other |
| <input type="checkbox"/> Term 1 (May – June) | <input type="checkbox"/> Term 1 (Sept – Dec) | <input type="checkbox"/> More than one year. Please specify start and end dates: _____ to _____ |
| <input type="checkbox"/> Term 2 (July – Aug) | <input type="checkbox"/> Term 2 (Jan – Apr) | (mm/yy) mm/yy) |

Limitations and Coverage

Select ONE of the following to indicate the costs you or your organization will pay:

- Tuition **plus** all student fees which includes U-Pass AND extended medical and dental fees
 - Maximum dollar limit per year (September to August) _____
 - Maximum dollar limit per session _____
 - Other _____
- Tuition **plus** all student fees, but excluding extended medical and dental fees (mandatory unless student provides proof of existing coverage)
- Tuition **plus** all student fees, but excluding U-Pass (transit pass – mandatory unless student lives outside transit area during academic year and provides proof)
- Tuition **plus** all student fees, but excluding U-Pass AND extended medical and dental fees
- Tuition only (course fees - no student fees)
- \$ _____ maximum limit for Textbooks Supplies Textbooks and Supplies

List of student fees please refer to: <http://www.calendar.ubc.ca/vancouver/index.cfm?tree=14,267,784.0>



Sponsored Student Name: _____

Student Number (8 digits): _____

Sponsor Details – Primary Contact

Organization Name _____

Primary Contact Name _____

Primary Contact Email Address _____

Tel (with area code) _____ Fax (with area code) _____

Sponsor Details - Organization

Organization Website _____

Organization Address _____

City _____ Province / State _____

Postal / Zip Code _____ Country _____

Sponsor's Approval

Sponsor's name _____

Sponsor's title (print clearly) _____

Authorized Sponsor's signature _____

Office Use Only