



EMPLOYER/SPONSOR APPROVAL FOR FEES

To register more than one student for the same course, please fill out an *Employer/Sponsor Approval for Fees - Group Registration Form*

Student Information (all fields are required unless noted)

Legal Last Name		Legal First Name			
Date of Birth		Gender	M	F	Not specified
Personal Mailing Address					
City		Province		Postal Code	
Preferred Phone		Work Phone	<i>optional</i>		
Other Phone	<i>optional</i>	E-mail			

Course(s) Information

Full Course Code	Course Title	Fee

I agree to extend this sponsorship agreement to the next available offering of the course in the event that the section is cancelled:

As a sponsor, you will be able to register an employee and defer payment until you receive an invoice. Upon registration the student will receive a confirmation of enrollment by email, specifying the day, time and location of the course(s). As the sponsor, you will be invoiced for the balance due. Please wait to receive the invoice before sending payment.

We will ensure that you are billed for the courses you have specified in the sponsorship agreement. If the course is cancelled or the student withdraws (within the required published timelines), the sponsor will receive the appropriate credit or refund, unless you have authorized a transfer of the sponsorship agreement to be applied to the next available offering of the course.

Sponsorship is subject to the Camosun Continuing Education refund and withdrawal policies and procedures. Completion of this form constitutes understanding and acceptance of the liability for course fees on behalf of the student/employee. Cancellation of a sponsorship must conform to college withdrawal policy and is required in writing. Please note, in compliance with the Freedom of Information/Protection of Privacy Act (RSB1996) c. 165, a sponsor cannot make changes to the student's registration. For further information please visit us at www.camosun.ca/ce or call 250-370-4563.

This sponsorship is authorized by:

Company Name			
Company Contact		Company Phone	
Signature			
Sponsor Billing Address			
Sponsor E-mail		PO or Claim #	
Please check here if you want to pay by credit card. You will be contacted directly.			

Do not write your credit card number on this form. Completion of this form in no way guarantees availability of seats.