

I	For University use only:				
ı	Student No:	Sponsors code:	Date input:	Initials:	

FIN055

Sponsorship Agreement Form

Agreement to be completed by an employer/sponsor who accepts responsibility for payment of tuition fees. The student must bring this form (fully completed and signed) when he/she registers for the course, otherwise the fees must be paid by the student. Please be aware be that a separate form should be completed for each period of registration. Please take a copy of this agreement for your records. STUDENT DETAILS Title (Mr/Miss/Mrs/Ms): Date of Birth: Surname (Family name): Contact Telephone Number: Forenames: Fmail Address: **COURSE DETAILS** Course: Mode of attendance: Year of course: □ Full-time □ Part-time 1 🗆 2 🗖 3 🗖 4 🗆 Annual/Academic Period, this sponsorship agreement covers: Start Date: Finish Date: **SPONSOR DETAILS** Name of Employer/Sponsor: Address for invoice to be forwarded: Postcode: Please note: Where an organisation is unable to pay invoices without a purchase order, this form should not be submitted without the relevant number. The student's progress could be interrupted if our invoice is returned unpaid and the PO number hasn't been quoted on this form. Contract/Purchase Order **Sponsors Contribution** to the fees payable (£): Number to be quoted: In consideration of you providing tuition to the above named student, I/we accept responsibility for payment of the tuition fees set out above and agree to pay the said fees in full within 30 days of invoice date. In event of the employer being a limited company, I confirm that I am authorised by my employers to enter into this contract. This document, once signed, confirms your contractual obligation to pay fees for the above named student for the period stated. It is therefore recommended that you form your own agreement with the student to cover his/her obligation to yourselves, should he/she withdraw from the programme or leave your employment. Before signing this document, you should be aware of the University's Tuition Fee Policy concerning fees charged. This is available on our website at www.chi.ac.uk/studentfinance. Firm's official stamp: Signature of employer or authorised signatory: Signatory's full name: Date this form was completed: Telephone number: **Email Address:**