



**CAPILANO
UNIVERSITY**

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.

Student Details

Student name _____ Student number (9-digit) _____

Student's date of birth (yy/mm/dd) ___/___/___

Duration of Sponsorship

Indicate the term(s) of sponsor coverage:

- Fall Term (Sep-Dec) 20__
- Spring Term (Jan-Apr) 20__
- Summer Session I (May-Jun) 20__
- Summer Session II (Jul-Aug) 20__

More than one year. Please specify start and end dates: ___/___ to ___/___
(mm/yy) (mm/yy)

Sponsorship will cover:

- Tuition and all incidental fees
(incl. term enrollment, student union, student services & technology, U-Pass)
 - Maximum dollar limit per year (September - August) \$ _____
 - Maximum dollar limit per term \$ _____
 - Other \$ _____

Extended health and dental plan (mandatory unless student provides proof of existing coverage to www.studentcare.ca)

Books and supplies: maximum per term \$ _____; total for academic year \$ _____

Housing fee Meal plan fee

Invoice to:

Sponsor name _____

Address _____ City _____ Province _____

Country _____ Postal Code _____ Attention: _____

Sponsor signature _____ Date signed _____

Please complete one form per student and return it by fax to 604.984.1723 or email to cashiers@capilanou.ca