



SPONSORSHIP (THIRD PARTY BILLING) APPLICATION FORM

Section 1: Sponsor Information	
Sponsor Name	
Billing Address	
Contact Name	
Contact Phone	Fax #
Contact e-mail	

Section 2: Authorized Coverage		
Please indicate which terms and charges you will accept to pay for as a sponsor. Note: A new form must be completed each year.		
Authorized Terms (Check all that apply)	<input type="checkbox"/> Fall Term yr: 20 ____ (September – December) <input type="checkbox"/> Winter Term yr: 20 ____ (January – April)	<input type="checkbox"/> Spring Term yr: 20 ____ (May – June) <input type="checkbox"/> Summer Term yr: 20 ____ (July – August)
A description of tuition and fees can be obtained at: http://www.students.usask.ca/moneymatters/tuition/		
Amount Sponsored	<input type="checkbox"/> Tuition & Compulsory Student Fees (excluding health & dental fees)	<input type="checkbox"/> Full Amount <input type="checkbox"/> Flat or maximum amount: \$ _____
	<input type="checkbox"/> Tuition only (no compulsory student fees)	<input type="checkbox"/> Full Amount <input type="checkbox"/> Flat or maximum amount: \$ _____
	<input type="checkbox"/> Health and Dental Fees (See note below)	
	<input type="checkbox"/> Late Registration/Late Add Fees	
	<input type="checkbox"/> Other (please describe) Exam Fees Etc....	

Note: Students who can provide proof of equivalent health and dental plans may opt out in the first 2 weeks of fall classes. Contact **STUDENTCARE** at www.ihaveaplan.ca for details.

Sponsors Approval

I hereby authorize the University of Saskatchewan to invoice the above Sponsor for tuition and fees for the students listed on page 2 of the application form and agree to the terms and conditions stated in the Sponsored Students Procedure.

Authorized Signature (Sponsoring Agency)

Date

**University of Saskatchewan
Student Accounts, Financial Services Division
E40 – 105 Administration Place
Saskatoon, SK., S7N 5A2
Email: student_accounts@usask.ca
Fax: (306) 966-8306 Phone (306) 966-4595**

