

SPONSORSHIP BILLING AUTHORIZATION FORM

Once completed, this form authorizes the University of Ottawa to bill the sponsor for the fees indicated in section D.

A SPONSOR INFORMATION			
AGENCY NAME			
ADDRESS NO. AND STREET		CITY	PROVINCE
COUNTRY	POSTAL CODE	AREA CODE & TEL. NO.	AREA CODE & FAX NO.
CONTACT PERSON		E-MAIL (MANDATORY)	
BILLING CONTACT		E-MAIL (MANDATORY)	
POSTAL ADDRESS NO. AND STREET		CITY / PROVINCE	COUNTRY
			POSTAL CODE

B STUDENT INFORMATION		
SURNAME	GIVEN NAMES	DATE OF BIRTH
		YEAR MONTH DAY
PROGRAM OF STUDIES		STUDENT NO.

C DURATION OF SPONSORSHIP			
INDICATE THE YEARS AND THE ACADEMIC TERMS SPONSORED			
YEAR SPONSORED	SPRING / SUMMER SESSION (MAY - AUGUST)	FALL SESSION (SEPTEMBER - DECEMBER)	WINTER SESSION (JANUARY - APRIL)
<input type="checkbox"/> 20__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 20__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 20__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 20__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D FEES CATEGORY	
INDICATE THE CATEGORIES SPONSORED	
<input type="checkbox"/>	TUITION FEES AND OTHER MANDATORY FEES
<input type="checkbox"/>	UNIVERSITY HEALTH INSURANCE PLAN (INTERNATIONAL STUDENTS ONLY)
<input type="checkbox"/>	HEALTH AND DENTAL INSURANCE
<input type="checkbox"/>	RESIDENCE FEES
<input type="checkbox"/>	U-PASS
<input type="checkbox"/>	MAXIMUM SPONSORSHIP, IF ANY (PLEASE SPECIFY) _____ \$ PER YEAR

I have read and understood the above information. I confirm that my organization will be responsible for payment of tuition and any other fees as indicated above and for communicating this information to the sponsored student.

NAME
TITLE

YEAR	MONTH	DAY
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SIGNATURE