

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 (IF ANY, PLEASE INDICATE THE MAXIMUM AMOUNT PER TERM)

| YEAR SPONSORED | SPRING / SUMMER TERM (MAY - AUGUST) | FALL TERM (SEPTEMBER - DECEMBER) | WINTER TERM (JANUARY - APRIL) |
|-------------------------------|--|--|--|
| <input type="checkbox"/> 20__ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ |
| <input type="checkbox"/> 20__ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ |
| <input type="checkbox"/> 20__ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ |
| <input type="checkbox"/> 20__ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ | <input type="checkbox"/> \$ max: _____ |

D FEE CATEGORIES

INDICATE THE CATEGORIES SPONSORED

| | |
|---|---|
| <p>MANDATORY FEES FOR THE STUDENT:</p> <input type="checkbox"/> TUITION FEES AND INCIDENTAL FEES <input type="checkbox"/> UNIVERSITY HEALTH INSURANCE PLAN (INTERNATIONAL STUDENT ONLY) <input type="checkbox"/> HEALTH AND DENTAL INSURANCE (ALL STUDENTS) <input type="checkbox"/> U-PASS | <p>OPTIONAL FEES FOR THE STUDENT:</p> <input type="checkbox"/> RESIDENCE <input type="checkbox"/> MEAL PLAN |
|---|---|

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 |

SIGNATURE

| | | |
|------|-------|-----|
| YEAR | MONTH | DAY |
|------|-------|-----|

ORGANIZATION'S OFFICIAL SEAL