Employer/Sponsor Approval for Fees – Continuing Education

Legal Last Name (Student) _____ Legal First Name _____ Initial _____

Male ☐ Female ☐ Birthdate: _____/_____/_____ (year / month / day) Student ID# _____

*SIN# _____

Home Address _____ City/Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

*Not mandatory. This information helps ensure accuracy when setting up your student record.

Courses(s):

1. Course No.: _____ Start Date _____ Fee: $_____
   Course Name: _____
2. Course No.: _____ Start Date _____ Fee: $_____
   Course Name: _____
3. Course No.: _____ Start Date _____ Fee: $_____
   Course Name: _____

As a sponsor you will be able to register an employee sponsored student and defer payment until you receive an invoice. Upon registration the employee/student will receive a confirmation of enrolment. **Please wait to receive the sponsor invoice before sending payment or include credit card information below if you wish fees to be paid at time of registration.** We will ensure that you are billed for the courses you have specified and the recipient you have named in the sponsorship agreement. If the course is cancelled or the student withdraws ***(within the required published timelines)*** the sponsor will receive the appropriate credit or refund. Sponsorship is subject to the COTR Continuing Education refund and withdrawal policies.

Completion of this form constitutes understanding and acceptance of the liability for course fees on behalf of the student/employee. Cancellation of a sponsorship is required in writing. For further information please see the Continuing Education website www.cotr.bc.ca/conEd/ .

This sponsorship is authorized by:

Signature _____ Date: _____ / _____ / _____ (year / month / day)

Print Name _____ Title _____

Employer/Sponsor Name _____ Sponsor Phone _____ Sponsor Fax _____

Sponsor Billing Address _____

Purchase Order # (if applicable) _____ Sponsor Email _____

Credit Card # _____ Expiry _____/_____ (month / year)