



SPONSORSHIP/THIRD PARTY BILLING APPLICATION FORM

Date of Application (dd-mmm-yyyy) _____

Tel. 250.960.6390

Fax 250.960.5794

Please email a completed and signed form to accountsreceivable@unbc.ca
A. SPONSOR'S DETAILS Name & Address of Sponsor (Please complete or provide address stamp):

Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____ Fax#: _____

B. STUDENT'S DETAILS

Surname: _____ Given Name: _____

Student No.: _____

Birth date if student no. is not provided (dd-mmm-yyyy): _____

C. DURATION OF SPONSORSHIP

FALL SEMESTER
YR _____

WINTER SEMESTER
YR _____

SPRING/SUMMER SEMESTER
YR _____

D. LIMITATION & COVERAGE (YES/NO if full coverage applies or dollar amount if partial applies for each of the following fees)

	FALL SEMESTER	WINTER SEMESTER	SPRING/SUMMER SEMESTER
APPLICATION Fee	_____	_____	_____
Registration Deposit	_____	_____	_____
TUITION ONLY (ancillary fees not included)	_____	_____	_____
STUDENT Fees (mandatory ancillary)	_____	_____	_____
GRADUATION Fee	_____	_____	_____
BOOKSTORE CHARGES:			
Books	_____	_____	_____
Supplies	_____	_____	_____
RESIDENCE Fees:			
Application Fee	_____	_____	_____
Residence Rental Fee	_____	_____	_____
\$250 Damage Deposit	_____	_____	_____
Residence Life Fee	_____	_____	_____
Residence Infrastructure Fee	_____	_____	_____
Meal Plan	_____	_____	_____
Parking	_____	_____	_____
OTHER Fees (Please specify)	_____	_____	_____

NUGGS Medical & Dental Fee

- Include in invoice
 Student must pay his/her own

PLEASE NOTE: Students who already have equivalent extended health and dental plans, may opt out of paying this fee within the first 3 weeks of the Fall semester. For more information please contact NUGGS at (250) 960-6427 or StudentCare at www.ihaveaplan.ca

E. SPONSOR'S APPROVAL

Sponsor's Name and Title (please print) _____

Sponsor's Signature _____ Telephone _____