



# NICOLA VALLEY INSTITUTE OF TECHNOLOGY

## SPONSOR BILLING AUTHORIZATION FORM

**STUDENT INFORMATION**

Surname:			
Given Names:			
Student No.:		Birthdate:	

**SPONSOR INFORMATION**

Sponsors are billed after the last day to add/drop a class during the Fall and Spring semesters. During the summer semester, sponsors are billed after the first day of class. Payment is due upon receipt of invoice.

Organization Name:			
Sponsor Contact:			
Contact Title:			
Address:			
City/Province:		Postal Code:	
Phone:		Fax:	
<b>Contact Email (Required):</b>			

**\*\*TUITION & FEE AMOUNTS CAN BE ACCESSED BY THE STUDENT ON THE MYNVIT.CA STUDENT PORTAL\*\***

<b>DURATION OF SPONSORSHIP</b>	FALL SEMESTER (SEPT – DEC) Year _____	SPRING SEMESTER (JAN – APRIL) Year _____	SUMMER SEMESTER (MAY – AUG) Year _____
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**COVERAGE/LIMITATIONS** *Under the appropriate semester*, indicate the fees covered with a check (✓) (and amount, if applicable)

TUITION (no mandatory fees)			
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**MANDATORY FEES:**

Student Fees			
Upass (Burnaby campus)			
Lab/Supply/Experiential Fees			
<b>**Health &amp; Dental Fee</b>			
GRAD FEE - Optional			

**BOOKSTORE:**

Books			
Supplies/Equipment			
Bus pass (Merritt campus)			
Comments			

**\*\*Students with coverage through Non-Insured Health Benefits (NIHB) will NOT be enrolled in the Health & Dental Plan.** Students with proof of comparable Health & Dental coverage may apply to waive benefits within 30 days of the start of classes by visiting [www.mystudentplan.ca](http://www.mystudentplan.ca)

**SPONSOR'S APPROVAL**

NVIT considers the Sponsor Billing Authorization form to be a binding commitment. By signing this form the sponsor agrees to pay all charges for the student as indicated above.

Authorized Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL THE COMPLETED FORM TO: [sponsorships@nvit.ca](mailto:sponsorships@nvit.ca)**