



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: | |
| Contact Email (Required): | | | |

DURATION OF SPONSORSHIP

| | | |
|---|--|--|
| FALL SEMESTER (SEPT – DEC) Year _____ | SPRING SEMESTER (JAN – APRIL) Year _____ | SUMMER SEMESTER (MAY – AUG) Year _____ |
|---|--|--|

COVERAGE & LIMITATION Indicate the fees covered with a check (✓) (and a maximum if applicable)

| | | | |
|------------------------------------|--|--|--|
| TUITION (no mandatory fees) | | | |
|------------------------------------|--|--|--|

MANDATORY FEES:

| | | | |
|------------------------|--|--|--|
| Student Fees | | | |
| Upass (Burnaby campus) | | | |
| *Health & Dental Fees | | | |

| | | | |
|--|--|--|--|
| GRADUATION FEE (\$75 per Credential) | | | |
|--|--|--|--|

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

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: _____

FORWARD THIS FORM BY EMAIL: mboven@nvit.bc.ca

FAX: (250) 378 - 3332