



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

TUITION (no mandatory fees)			
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MANDATORY FEES:

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

GRADUATION FEE (\$75 per Credential)			
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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