



Student Information

Student Name:
Last Name First Name Middle Name

CNC Student Number: Date of Birth: Program:
YYYY/MM/DD

Sponsoring Agency Information

Sponsor AgencyName:

Billing Address:
Street City Prov Postal Code

Contact Name: Phone:

Email:

Terms & Conditions

I hereby authorize the College of New Caledonia to invoice the above named organization for tuition and related fees as determined on the Sponsorship Billing form completed by my Sponsoring Agency.

I am aware of the financial restrictions/limitations within my sponsorship, and that I am responsible to pay all fees which are not covered by my sponsor.

Any fees which are my responsibility to pay must be paid in full, or an approved payment plan must be established by the published fee deadline dates or my student account will be subject to de-registration, late fees, interest charges, and may result in the suspension of IT access.

If Health/Dental insurance plans are not covered by my sponsor, I am responsible to complete a successful online opt out prior to the published deadline dates or I will be responsible to pay for this insurance. Please see www.cncsu.ca for details or your campus student union office. If an opt out is not possible, I will be responsible for the mandatory Health/Dental fees.

I understand my sponsorship for future semesters will be suspended by the College of New Caledonia until any outstanding balance on my student financial account has been paid in full.

I have read, understood, and agree to the terms and conditions above.

Student Signature: _____ Date: _____



Sponsoring Agency Information

Sponsor Name: CNC Account Number:

Billing Address:

Street City Prov Postal Code

Contact Information

Sponsor Contact Name: Phone:

Email:

Financial Contact Name: Phone:

Email:

Student Information

Student Name:

Last Name First Name Middle Name

CNC Student Number: Date of Birth: Program:

YYYY/MM/DD

In compliance with the Freedom of Information and Protection of Privacy Act, CNC cannot release student person academic information to a third party without the written consent of the student.

Semesters

By selecting multiple semesters, this authorizes CNC to invoice all semesters indicated without further consent from your organization. If sponsorship is to be approved on a semester by semester basis, please submit a new form for each semester.

Fall 2026 (September to December) Spring 2027 (January to April) Intersession 2027 (May to August)

Financial Information

We hereby agree to be invoiced for, and pay College of New Caledonia, all charges pertaining to those fees indicated below, to the maximum amount where indicated, and according to semesters, due upon receipt of invoice

Tuition & Mandatory Fees Maximum

Books Maximum

Financial Restrictions

Application/test/criminal record check fees may not be billed.

Important:

- This form must be received by the Office of the Registrar by the deadline to pay tuition fees.
- CNC reserves the right to withhold sponsorship(s) from any sponsor(s) with outstanding balances more than 60 days.
- Students are responsible for all fees not covered by the sponsor.
- Completion of this form acknowledges understanding and acceptance of CNC refund policies and deadlines.

Authorized Signature: _____ Authorized Name: _____ Date: _____