

CUSTOMER (STUDENT) INFORMATION:

Student Name: _____
last name first name middle name

CNC Student Number: _____ Student Date of Birth: _____

SPONSORING AGENCY INFORMATION:

Sponsoring Agency Name: _____

Mailing Address: _____
number street city province postalcode

Phone #: _____ Fax #: _____ Email: _____

Contact Name: _____

TERMS AND 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 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 the mandatory Health/Dental plan is not covered, I will be responsible to pay for this insurance.

I understand that my sponsorship for future terms 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: _____

Sponsorship Billing Form

September 1, 2024 - August 31, 2025

Sponsorship will be valid upon receiving this form,
as well as the Sponsored Student Agreement.

ACCOUNT (SPONSORING AGENCY) INFORMATION:

Sponsor Name: _____ CNC Account Number: _____

internal

Billing Address: _____
number street city province postalcode

CONTACT INFORMATION

Sponsor Contact Name: _____ Phone: _____ Fax: _____

Email: _____

Financial Contact Name: _____ Phone: _____ Fax: _____

Email: _____

Please send invoice via: Mail Fax E-mail

CUSTOMER (STUDENT) INFORMATION:

Student Name: _____
last name first name middle name

CNC Student Number: _____ Student Date of Birth: _____ Programs: _____

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

TERMS:

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

Fall 2024 (September-December) Spring 2025 (January-April) Intersession 2025 (May -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 terms, due upon receipt of invoice.

Tuition & Mandatory Fees

Books

Financial Restrictions/Additional Information: _____

Application/test/criminal record check fees may not be billed. Contact the CNC Bookstore regarding textbooks and supplies.

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 that are NOT covered by the Sponsor.
- Completion of this form acknowledges understanding and acceptance of CNC refund policies and deadlines.

Authorized Signature: _____ Authorized Name: _____ Date: _____

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