



900 Fifth Street,
Nanaimo, BC
V9R 5S5

VANCOUVER ISLAND UNIVERSITY SPONSOR APPLICATION

DATE: _____

A SPONSOR DETAILS	PLEASE PRINT
	SPONSOR NAME: _____
	CONTACT NAME: _____
	ADDRESS: _____
	CITY: _____ POSTAL CODE: _____
	AUTHORIZED SIGNATURE _____ NAME & TITLE (please print) _____

B STUDENT DETAILS	PLEASE PRINT														
	STUDENT SURNAME: _____														
	GIVEN NAME: _____														
	FULL ADDRESS: _____ PHONE# _____														
	CITY: _____ POSTAL CODE: _____														
	STUDENT NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td></tr></table> or BIRTH DATE: _____ MM DD YYYY					-					-				
					-					-					
CLAIM/P.O./AUTHORIZATION# (if applicable): _____															

C DURATION OF SPON- SORSHIP & TUITION COVERAGE	START DATE: _____ <input type="checkbox"/> LIMITED AMOUNT (please specify) _____
	END DATE: _____ <input type="checkbox"/> FULL TUITION, STUDENT & ACTIVITY FEES
	PROGRAM: _____ <input type="checkbox"/> STUDENT & ACTIVITY FEES
	<input type="checkbox"/> APPLICATION PROCESSING FEE
	<input type="checkbox"/> GRAD FEE
	COURSES: _____ <input type="checkbox"/> OTHER (please specify) _____

D BOOKSTORE	<input type="checkbox"/> SUPPLIES ONLY: \$ _____ <input type="checkbox"/> OTHER - please list item(s) (ie, software)
	<input type="checkbox"/> BOOKS ONLY: \$ _____
	<input type="checkbox"/> BOOKS & SUPPLIES: \$ _____
	<input type="checkbox"/> BACKPACK \$ _____

E STUDENT RELEASE	<input type="checkbox"/> Progress Report <input type="checkbox"/> Attendance <input type="checkbox"/> Transcripts
	Student Consent to release information to sponsor: Student Signature: _____

Please return completed form directly to the Accounts Receivable Department via email at acctsrec@viu.ca.