

Sponsorship Letter of Authorization

With this letter, you are requesting Langara College to invoice your organization for the following, as it relates to the noted student.

SPONSOR DETAILS

Name of Authorizing

Organization: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

SPONSOR – PRIMARY CONTACT DETAILS

Name: _____

Phone Number: _____

Email: _____

STUDENT DETAILS

First Name: _____

Last Name: _____

Student ID Number: _____

Student Email: _____

DETAILS OF COVERAGE

Program: _____

Date Funding Starts: _____

MM / DD / YYYY

Date Funding Ends: _____

MM / DD / YYYY

Semesters

Coveraged:

Fall

(Sept - Dec)

Spring

(Jan - Apr)

Summer

(May - Aug)

All three semesters

COSTS COVERED (Please enter '0' if not covered)

Registration Fee: \$ _____

BOOKSTORE

Tuition / Ancillary Fee: \$ _____

Textbooks: \$ _____

Assessment / Testing Fee: \$ _____

Basic School Supplies: \$ _____

Non-Refundable Application Fee: \$ _____

Shipping: \$ _____

Notes / Other:

(please specify, e.g.: max. amount, per semester, etc.)

Does this sponsorship cover Extended Health and/or Dental coverage?

Extended Health

Yes

No

Dental

Yes

No

Does this student currently have Extended Health and Dental Benefits?

Yes

No

Sponsor's Name: _____

Signature: _____

Date: _____

Send to: a.receivables@langara.ca CC: bookstore@langara.ca