

# Sponsor Form

## For Payment of Tuition Fees

For students who wish the University to invoice their employer or sponsor for payment - arrange for this form to be completed & returned

Student's Full Name								
Student's UWE Number/ID <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></tr></table>								
Course Title _____								

**Agreement:** All fields marked with a \* are compulsory. Should this form be returned incomplete, UWE will attempt to contact you, but failure to respond may result in this form being rejected and registration may be delayed or the student invoiced directly.

1. \*Full Name of Company, partnership or other organisation

Hereby agrees to pay the tuition fees stated below for the above named student for the academic year \_\_\_\_\_. Full fee **OR** specify amount or proportion being paid \* £ \_\_\_\_\_

If your organisation is unable to pay invoices unless a Purchase Order has been raised, then you **must** ensure that this is done and the Purchase Order number is entered here \* \_\_\_\_\_

Does your organisation have specific invoicing instructions? **(YES/NO)**. If **YES**, please give details/attach relevant documents

2. We agree that payment will be made in full within 30 days of receiving the University's invoice

3. We understand that we are committing to pay the above fees for the amount and period stated even if the student ceases to be our employee or withdraws from the univeristy.

4. It is confirmed that the person signing this form is authorised to commit the above named organisation to this expenditure.

\*Authorised Signatory \_\_\_\_\_

\*Name (in capitals) \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

### Details of authoriser :

\*Full postal address and contact details of the individual authorising the sponsorship .

\*Contact name \_\_\_\_\_

\* Telephone number \_\_\_\_\_ \*Email address \_\_\_\_\_

**Invoicing Details:** Same as authoriser details ? **(YES/NO)**

\*Full postal address of the accounts payable or purchasing and requisition department to which **invoice should be sent.**

\*Contact name (in relation to payment of invoice) \_\_\_\_\_

\* Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

\*Email address \_\_\_\_\_ Send invoice by email **(YES/NO)**

Is your company a commercial (for profit) organisation? **(YES/NO)**

Is your company a small or medium-sized enterprise (SME) according to the definition below? **(YES/NO)**

*(Definition: An SME employs less than 250 staff, has a turnover of not more than £25.9 million and a balance sheet total of not more than £12.9 million)*

### Data and Systems Team Use Only:

Is this an existing sponsor? **(YES/NO)** If yes, do details match exactly? **(YES/NO)** (if **No**, request new code)

Sponsor Code \_\_\_\_\_ Org Code \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_