



## **Sponsorship Authorization Form Instructions**

### ***Who should fill out this form?***

The Sponsorship Authorization Form should be completed by the sponsoring organization. The student may need to provide details to the sponsor regarding their academic profile (Program, Year level, Student ID number).

1. Please read the full list of instructions and information regarding the sponsorship process. Additional sponsorship information can be found on our website at [www.nosm.ca](http://www.nosm.ca) > Current Learners > Student Accounts > Sponsored Learners.
2. Once the form has been completed and signed by the sponsoring organization, please return the PDF document to NOSM University at [accounts@nosm.ca](mailto:accounts@nosm.ca) no later than the published payment due date each term. (August 15, December 15, May 1).
3. Sponsoring organizations may utilize the form as a guideline to create the sponsorship letter. You may provide the completed form and/or an official sponsorship letter to the Student Accounts Office.
4. This form grants authorization for NOSM University to invoice the sponsoring organization on behalf of the learner.
5. Invoices are sent directly to the business contact listed by the organization and are payable upon receipt.



## Learner Sponsorship Authorization Form

### Learner Information:

First Name:

Last Name:

NOSM U Student ID Number (7 digit):

Program : UME

Other, please specify:

Year Level:

### Sponsor Information:

Sponsor/Organization Legal Name:

### Billing Address:

Street Number:

Street Name:

City:

Province:

Postal Code:

Alternative Billing Address (optional):

Street Number:

Street Name:

City:

Province:

Postal Code:

### Sponsorship/Organization Authorized Signature

Authorized Contact name:

Position / Title:

Phone number: (       )       -

### Sponsorship coverage

Does the sponsorship cover full Tuition? Yes      No      If no, what is the amount? \$

Does the sponsorship cover all Ancillary Fees?      Yes      No

Does the sponsorship cover the Health and Dental Plan? Yes      No

### Sponsor/Organization Authorized Signature:

Print Name:

Signature:

Date:

Please send completed form via email to [accounts@nosm.ca](mailto:accounts@nosm.ca).

***NOSM University Use Only:***

***Received by:***

***Received date:***

*Last Updated: May/26*