

SPONSOR/EMPLOYER AUTHORIZATION FORM

**NOTE: COMPLETION OF THIS FORM IN NO WAY
GUARANTEES AVAILABILITY OF SEATS.**

COMMUNITY EDUCATION & WORKPLACE TRAINING

Selkirk  College

STUDENT INFORMATION

Last Name:		First Name:		M.I.:
Phone Number(s):		Email(s) most used:		
Mailing Address:			City/Province:	Postal Code:
Date of Birth (yyyy/mm/dd):	Age:	Gender:	Student Number:	

Students are required to complete and sign the Selkirk College Authorization of Release of Student Information form to enable the sharing of student information with Sponsors. This form is available online at: selkirk.ca/current-students, under Information @ Forms.

COURSE INFORMATION

Course Name:		
Location:	Start Date:	Fees:
Course Name:		
Location:	Start Date:	Fees:
Course Name:		
Location:	Start Date:	Fees:

Location Lists: **A** - Kootenay Studio Arts in Nelson, **C** - Castlegar, **D** - Distance (online delivery), **G** - Boundary/Grand Forks, **K** - Kaslo/Crawford Bay/East Shore, **N** - Nakusp, **P** - 10th Street Campus in Nelson, **R** - Silver King Campus in Nelson, **T** - Trail

As a sponsor you will be able to register an employee and defer payment until you receive an invoice. Upon registration the employee/student will receive a confirmation of enrollment. **Please wait to receive the sponsor invoice before sending payment.** We will ensure that you are billed for the courses you have specified and the recipient you have named in the sponsorship agreement. If the course is cancelled or the student withdraws (within the required published timelines) the sponsor will receive the appropriate credit or refund. Sponsorship is subject to the published Selkirk College Continuing Education & Workplace Training refund and withdrawal policies.

Completion of this form constitutes understanding and acceptance of the liability for course fees on behalf of the student/employee. Cancellation of a sponsorship is required in writing. For further information please see the Continuing Education & Workplace Training website selkirk.ca/ce.

Name/Title:	Employer/Sponsor Name:
Billing Address:	
Phone:	
Email for Invoice:	

Signature

Date