

**THIRD PARTY BILLING INFORMATION FORM**

<b>SECTION A. Sponsor Information</b>				
Name:		Contact Name:		
		Contact Title:		
Billing Address:				
Phone Number:				
<b>SECTION B. Student Information</b>				
If you want to provide authorization for more than one student please attach a list with the names and student ID numbers. Unless noted otherwise the same authorized coverage from SECTION C will apply to all students on a list.				
Student Name:		Student ID Number:	Program of Study:	
Authorized terms (check all that apply)	<input type="checkbox"/> Fall (Sept – Dec)	<input type="checkbox"/> Winter (Jan – April)	<input type="checkbox"/> Summer (May – Aug)	<input type="checkbox"/> Professional (Sept – Aug)
<b>SECTION C. Authorized Coverage</b>				
Please indicate the charges you agree to pay as the sponsor. A description of tuition and fees can be obtained at <a href="http://www.dal.ca/studentaccounts">www.dal.ca/studentaccounts</a> .				
NOTE TO STUDENTS: Students ARE responsible for all charges on their accounts not covered by the Sponsor.				
Sponsor Billing Categories			Additional Information:	
<input type="checkbox"/> Tuition				
<input type="checkbox"/> Mandatory Student Fees (eg society, student union, bus pass)				
<input type="checkbox"/> International Health Insurance (if applicable.) *				
<input type="checkbox"/> DSU Health *				
<input type="checkbox"/> Non-compulsory charges: (eg Housing, MealPlan, etc.) Specify here:				
* NOTE TO STUDENTS: If your sponsor does not cover the health insurance it is YOUR RESPONSIBILITY to opt out of the plan(s). If the opt out(s) are not completed by the specified dates the charge(s) will remain on your account.				

**To be completed by the student:**

I hereby authorize Dalhousie University to invoice the above Sponsor for tuition and related charges.  
I agree I will immediately notify my Sponsor of any changes to my registration status, including my course load.  
I understand that I am responsible for any fees and charges on my account that are not paid for by my Sponsor.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**To be completed by the Sponsor:**

The undersigned hereby agrees to pay the charges set out Section C for each of the Students listed in Section B.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ (Please print)