THIRD PARTY BILLING INFORMATION FORM

SECTION A. Sponsor Information

Name:	**Contact Name:** **Contact Title:**
Billing Address: **Email Address:**	

SECTION B. Student Information

Student Name:	**Student ID Number:**	**Program of Study:**

Authorized terms (check all that apply)	☐ Fall (Sept – Dec)	☐ Winter (Jan – April)	☐ Summer (May – Aug)	☐ Professional (Sept – Aug)

SECTION C. Authorized Coverage

Please indicate the charges you agree to pay as the sponsor. A description of tuition and fees can be obtained at https://www.dal.ca/admissions/money_matters.html.
NOTE TO STUDENTS: Students ARE responsible for all charges on their accounts not covered by the Sponsor.

Sponsor Billing Categories	**Additional Information:**
☐ Tuition	
☐ Mandatory Student Fees (eg society, student union, bus pass)	
☐ International Health Insurance (if applicable.) *	
☐ DSU Health *	
☐ 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)

Please return form to: Student Accounts by Email: student.accounts@dal.ca or by Fax: 902 494-2848