

This application grants Langara College permission to request payment(s) in correspondence with your student account.

Name of Authorizing Sponsor			
Address:			
City:		Province:	
Postal Code:		Phone:	Fax:
Email:			
Submission Deadline			
Student Name		Student ID#	
Date Funding Starts	MM/DD/YYYY	Date Funding Ends	MM/DD/YYYY
The sponsor has agreed to pay for the following semesters (please circle one):			
Fall	Spring	Summer	All three semesters
The sponsor includes (please enter a maximum amount, or tick the box if full cost is covered):			
Registration Fee:			
Tuition/Ancillary Fee:			
Text Books			
Assessment/Testing Fee:			
Non-Refundable Application Fee			
Basic School Supplies			
Other: please specify			
This Sponsorship will cover Extended Health and /or Dental coverage?			
Extended Health	YES	NO	
Dental	YES	NO	
Does this student currently already have Extended Health and Dental Benefits?			

Maximum fee for which sponsorship is given (if applicable) _____

Sponsor's Name: _____ Signature: _____

Kindly complete, and return to a.receivables@langara.ca