

- DOWNLOAD FORM (Note: this form will not be saved otherwise)
2. COMPLETE and SAVE FORM with changes to your computer
  3. SUBMIT FORM by email attachment to [registration@camosun.ca](mailto:registration@camosun.ca)

Student Information		
LAST NAME		
ADDRESS	CITY/PROVINCE	POSTAL CODE

PROGRAM/COURSE NAME	START DATE
ACADEMIC TERMS INCLUDED	<i>*Intakes may be subject to change</i>
Fall (Sep – Dec)	Winter (Jan – Apr)
Summer (May – Aug)	
	<b>TRADES APPRENTICE ONLY</b>
	Apprentice Level:
	Level 1
	Level 2
	Level 3
	Level 4
	All levels
This sponsorship includes these mandatory student fees:	Extended Medical: Yes No Dental: Yes No
<i>Students with alternate coverage must apply to opt out.</i>	

**PLEASE READ THE FOLLOWING INSTRUCTIONS TO SUBMIT YOUR FORM:**

I authorize Camosun College to communicate and disclose my personal information regarding the status of my application, registration, financial account, attendance, progress, and related enrolment information to my Sponsor organization or individual; Ministry of Advanced Education and Skills Training; Ministry of Education; and Other Agencies as appropriate. I agree that Camosun will not disclose this information if this Student Consent to Disclosure is unsigned.

STUDENT SIGNATURE	DATE
<i>liability is not contingent on student attendance or performance. This sponsorship excludes application fees, textbooks and supplies (contact the Bookstore), parking, and locker fees. Visit <a href="http://camosun.ca/learn/fees/">http://camosun.ca/learn/fees/</a> for more information about tuition and fees. The sponsor agrees to the payment term of 30 days upon receipt of invoice. Please do not remit payment until you receive an invoice. Cancellation of a sponsorship must conform to college withdrawal policy and a sponsor must apply in writing.</i>	

Organization Information	
ORGANIZATION CONTACT	SPONSOR SIGNATURE
Yes, I agree to the above terms:	
ORGANIZATION	EMAIL ADDRESS
	PURCHASE ORDER # (OPTIONAL)

Additional Information

DATE

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