



Funding Agency Sponsorship Agreement

STUDENT INFORMATION

Student Number _____

Last Name _____ First Name _____ Middle Name or Initial _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Telephone Home _____ Work _____ Cell _____

Release of Information

The funding agency named below has my permission to access my student records, registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College.

Permission is in effect from _____ to _____
MONTH DAY YEAR MONTH DAY YEAR

Student Signature _____ **Date (mmm-dd-yyyy)** _____

COLLEGE INFORMATION (may be accessed on the website www.nic.bc.ca or contact an NIC advisor)

Intended Program and/or Courses	Term and/or Start/End Date	Estimated Fees (includes tuition, lab, and student union fees)	Estimated Books

AGENCY INFORMATION

Agency Name _____

Mailing Address _____

City _____ Prov. _____ Postal Code _____

Contact Name _____ Title _____

Telephone _____ Fax _____ Email _____

We hereby undertake to sponsor the above named student in the above described program/course(s) for:

- | | |
|--|---|
| <input type="checkbox"/> Fees as estimated above or other amount \$ _____ | <input type="checkbox"/> Application Fee \$ 25.00 |
| <input type="checkbox"/> Books as estimated above or other amount \$ _____ | <input type="checkbox"/> Assessment Fee \$ 20.00 |
| <input type="checkbox"/> Learner Resource Fee (\$5 per credit or equivalent for post-sec level courses only) | <input type="checkbox"/> * Health & Dental Insurance Fee \$275.00 |

*See <http://nisu.ca/> for more information about mandatory Health & Dental fees and students can opt out if eligible.

Additional instructions _____

Name & Title (print) _____

Signature _____ **Date** _____

FREEDOM OF INFORMATION/ PROTECTION OF PRIVACY

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act.

CAMPBELL RIVER CAMPUS
 1685 South Dogwood Street
 Campbell River, BC V9W 8C1
 T (250) 923-9700/1-800-715-0914
 E: forms@nic.bc.ca

COMOX VALLEY CAMPUS
 2300 Ryan Road
 Courtenay, BC V9N 8N6
 T (250) 334-5000/1-800-715-0914
 E: forms@nic.bc.ca

PORT ALBERNI CAMPUS
 3699 Roger Street
 Port Alberni, BC V9Y 8E3
 T (250) 724-8711 /1-800-715-0914
 E: forms@nic.bc.ca

MIXALAKWILA
 140 - 8950 Granville Street, Box 901
 Port Hardy, BC V0N 2P0
 T (250) 949-7912/1-800-715-0914
 E: forms@nic.bc.ca