

Letter of Sponsorship to TRU-OL



TRU-OL Student Services
805 TRU Way,
Kamloops, BC V2C 0C8
truopen.ca
Email: **student@tru.ca**
Fax: 250-852-6405



TRU will not invoice your sponsor directly. Sponsored students are responsible for the outstanding balance on their student account at all times. Students must communicate details of charges to their sponsor and arrange for payment of fees. Students may obtain account information through myTRU.

SPONSOR

| | |
|--|-------------------------------|
| AGENCY/GROUP | |
| MAILING ADDRESS (include suite number if applicable) | |
| CITY / TOWN / VILLAGE | PROVINCE / STATE |
| POSTAL CODE / ZIP CODE | |
| PRIMARY TELEPHONE NUMBER | EMAIL ADDRESS (print clearly) |
| FAX NUMBER | ATTENTION/CONTACT |

The AGENCY/GROUP named above confirms sponsorship of this STUDENT:

TRU-OL STUDENT NUMBER

| | |
|-----------------------------------|----------------------------|
| "T" FOLLOWED BY EIGHT DIGITS T | DATE OF BIRTH (mm/dd/year) |
|-----------------------------------|----------------------------|

| | | |
|--|--------------------|-----------------------------|
| SURNAME (legal) | FIRST NAME (legal) | FULL MIDDLE NAME(S) (legal) |
| MAILING ADDRESS (include suite number if applicable) | PROVINCE / STATE | POSTAL CODE / ZIP CODE |
| CITY / TOWN / VILLAGE | HOME TELEPHONE | |
| EMAIL ADDRESS (print clearly) | BUSINESS TELEPHONE | |

PROGRAM (if sponsoring entire program)

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COURSES

| | | | |
|---------------|-------------|---------------|-------------|
| COURSE NUMBER | COURSE NAME | COURSE NUMBER | COURSE NAME |
| COURSE NUMBER | COURSE NAME | COURSE NUMBER | COURSE NAME |

DATES (For this period of time)

| | | |
|--|----|--|
| | to | |
|--|----|--|

MMM-DD-YY (E.G. SEP-01-17)

MMM-DD-YY (E.G. SEP-01-17)

COSTS The sponsor agrees the costs they are responsible for include: (Check list please)

| | |
|--|------------------------------|
| Program Application Fee \$ _____ | Official Transcript \$ _____ |
| Tuition (including administration, technology and miscellaneous fees) \$ _____ | |
| Textbooks \$ _____ | Total Sponsored \$ _____ |
| AUTHORIZED SPONSOR SIGNATURE | TITLE/POSITION |

SPONSORED STUDENT – WAIVER FORM

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|---|------|
| I, _____, do hereby authorize TRU to release any information regarding attendance, progress and grades, upon request, to the above named sponsor. | |
| STUDENT'S SIGNATURE | DATE |