

Section A: Sponsor Information

Sponsor/Company Name:	PO # (if applicable):
Contact Name:	Phone Number:
Address:	Email:

Section B: Student Information

Student Name:	Student ID:	DOB:
Program:	Email:	
Fall Term (Sept-Dec) Year: 20	Spring/Summer (May-Aug): Year: 20_	Continuing Studies Year: 20 ____
Winter Term (Jan-Apr) Year: 20	Multi-Year From: _____ To: _____	

Section C: Tuition and Fee Coverage

Credit Courses	Non-Credit Courses (Continuing Studies, First Aid, etc.)
Application Fee: Full N/A Amt: _____	Course Name(s): _____
Tuition: Full N/A Amt: _____	Course Registration Number (CRN): _____
Technology Fee: Full N/A Amt: _____	GST Exempt: Y N _____
Activity Fee: Full N/A Amt: _____	Maximum Amount Authorized: _____
Lab Fee: Full N/A Amt: _____	
Course Materials: Full N/A Amt: _____	
Student Union Fee: Full N/A Amt: _____	

Section D: Bookstore/Campus Store

Textbooks: Full N/A Amt: _____
Stationary/Supplies: Full N/A Amt: _____
Apparel: Full N/A Amt: _____
Bus Pass: Full N/A Amt: _____
Other: Full N/A Amt: _____

***If the amount listed is for multiple terms, is this a total:**

Per term

For all terms selected above

Section E: Campus Housing

Application Fee: Full N/A Amt: _____	Return Damage Deposit to: Sponsor Student
Hold Fee: Full N/A Amt: _____	
Damage Deposit: Full N/A Amt: _____	
Housing Term Fee: Full N/A Amt: _____	
Installment #1: Amt: _____	
Installment #2: Amt: _____	
Installment #3: Amt: _____	
Hospitality Fee: Full N/A Amt: _____	
Other: Full N/A Amt: _____	

Sponsor Signature
authorizing Yukon University to
invoice for the charges as
outlined

X _____

For A/R Use Only:

Copy for Multiple Semesters

Copy for Bookstore

Copy for Campus Housing