

Sponsor/Employer Authorization Form – Continuing Education & Workplace Training

STUDENT INFORMATION					
Last Name:		First:		M.I.:	
Birth Date: (yyyy/mm/dd)		M <input type="checkbox"/> F <input type="checkbox"/>		Student #: (If Known)	
Street Address:				Apartment / Unit #:	
City:		Province:		Postal Code:	
Phone Number:		E-mail Address:			
Please Note:	Students are required to complete and sign the Selkirk College Authorization of Release of Student Information form to enable the sharing of student information with Sponsors. This form is available online at: http://selkirk.ca/current-students , under Information & Forms.				

COURSE INFORMATION					
Course Name:					
Start Date:		Campus Location*:		Fee:	
Course Name:					
Start Date:		Campus Location*:		Fee:	
Course Name:					
Start Date:		Campus Location*:		Fee:	
*Please select the location from this list:	A - Kootenay Studio Arts in Nelson, C - Castlegar, D - Distance (online delivery), G - Boundary/Grand Forks, K - Kaslo/Crawford Bay/East Shore, N - Nakusp, P - 10 th Street Campus in Nelson, R - Silver King Campus in Nelson, T - Trail				

As a sponsor you will be able to register an employee and defer payment until you receive an invoice or pay immediately with credit card. Upon registration the sponsor will receive a confirmation of enrollment.
 If the course is cancelled the sponsor will receive the appropriate credit or refund.
 CEWT Refund Policy applies to registration withdrawals. <http://selkirk.ca/ce/registration>.

Completion of this form constitutes understanding and acceptance of the liability for course fees on behalf of the student/employee. <http://selkirk.ca/ce>.

THIS SPONSORSHIP IS AUTHORIZED BY:							
Signature:				Date:			
Print Name:				Title:			
Employer / Sponsor Name:				P.O. Number: (If Applicable)			
Billing Address:		City:		Province:		Postal Code:	
Phone Number:		Email Address:			Fax Number:		

Note: Completion of this form in no way guarantees availability of seats.