

Employer's Agreement to Sponsor

This agreement should be used to sponsor an individual student. It is a formal request to DCU to issue an invoice. By completing a sponsorship agreement, organisations undertake liability for paying full course fees, for the courses shown on this form, prior to the course commencing.

This is not a request for credit.

All course fees must be discharged in full prior student commencing a course.

Sponsorship Undertaking

- 1) On behalf of sponsoring organisation below (herein after referred to as 'the sponsor'), I agree that the sponsor will pay within thirty days of the invoice date the amount shown below, for the course fees and the full fees become due upon the course commencement.
- 2) I accept that, if the sponsored student withdraws from a course or leaves the sponsor's employment, liability for sponsor's contribution towards the course fee will remain with the sponsor. The sponsor is liable for full course fees as outlined below.
- 3) Full course fees are due whether or not the student completes the course.
- 4) I hereby warrant that sponsor has the full power and authority to provide the sponsorship for this booking, and to give the above undertaking. I confirm that I hold the position stated below and that in that capacity I have authority to bind the sponsor by signing this form.

PLEASE COMPLETE THE FOLLOWING INFORMATION

(Please enter the amount (in Euro) of sponsorship below)

Student Name	<input type="text"/>		
Course Title & Level	<input type="text"/>		
Subjects being attended	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sponsorship Amount	<input type="text"/> €		
Sponsorship Amount (in words)	<input type="text"/> <i>Euro</i>		
Sponsoring Company Name	<input type="text"/> (Organisations Name)		

I hereby agree to the terms and conditions of DCU's Sponsorship Form
(The student being sponsored cannot authorise)

Authorised signature

Print Name here

Position within Organisation

Date

Company Stamp

DETAILS REQUIRED FOR DCU TO RAISE AN INVOICE

Person to whom Invoice addressed

Name of Organisation

Department within Organisation

Address for Invoice

Telephone Number

Fax Number

E-mail Address

Terms & Conditions

1. Please note that the option of company sponsorship does not apply in the case of sole traders or where there is only one Director/employee.
2. DCU reserves the right at its sole discretion to reject or decline acceptance of any sponsorship.

FOR OFFICE USE ONLY

1. Form completed correctly *(Form to be processed and student enrolled)*

2. Form incomplete *(Return to sender, student must not be enrolled)*

Date of acceptance

Author

Date Invoice Issued

Invoice Number

Date Payment Due

Date Payment Received