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### University of Leicester University Road Leicester LE1 7RH

# Student Sponsorship Agreement

By completing a sponsorship agreement, the organisation named on this form undertakes liability for paying fees, when invoiced, for the student named below.

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| University of Leicester Student Number: |  |
| Student name: |  |
| Course applied for: |  |
| Planned start date: |  |

Please note that a sponsor may only be a government body, Research Council, public or private organisation or scholarship awarding body. Do not complete this form if your fees are being paid by a relative.

If payment is not received from the sponsor by the due date, the student will become liable for any amounts outstanding.

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| --- | --- |
| **Sponsoring Organisation Invoicing Details** | |
| Name of organisation |  |
| Invoicing Address, including postcode |  |
| Contact name |  |
| Position in organisation |  |
| Telephone number |  |
| Email address |  |
| Purchase Order/Reference Number |  |

Please tick **one** of the options below, and complete the amount to be paid if applicable:

* Please invoice for the annual course fees at the start of each year.
* Please invoice for the amount/percentage of £  for the current year only
* Please invoice for an amount/percentage of £  for all years of the course

### Sponsorship undertaking

1. On behalf of the sponsoring organisation named above, I agree that the sponsor will pay, within 30 days from the date on the invoice, the amount specified above.
2. I confirm that I hold the position stated above and that in that capacity I have the authority to bind the sponsor by signing this form.
3. The University processes all personal data in accordance with the provisions of the Data Protection Act 2018.
4. I understand that this agreement gives the University the right to disclose non-payment of fees to the Student.

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| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Print name in full:** |  | **Date :** |  |

### Student undertaking

1. I understand that if the Sponsoring Organisation fails to pay my fees within a specified time then I will become fully liable for the amounts specified.
2. Please note that the University will release relevant progress information to your sponsor as part of your sponsorship.

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| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Print name in full:** |  | **Date :** |  |