

Student Sponsorship Agreement

l,	(ID/ SSN (last 4 digits))
am requesting to set up sponsorship billing with my sponsor _		

for the ______term/semester.

I authorize College of the Canyons to discuss required account information with my sponsor - Including identification such as a COC Id and/or the last four digits of a social security number, the courses that I am taking, the enrollment status of the classes, total units enrolled and a breakdown of all billing related issues. Grades will not be issued to the sponsor. If a sponsor requires copies of grades, I understand that I will be responsible for issuing the required information.

I understand that I am responsible for any balance that is not covered under my plan or paid by my sponsor. If my sponsor payment should become past due, the sponsorship will be reversed. If fees are not paid, a hold may be placed on my account preventing me from receiving college services including, but not limited to, registration privileges, transcripts, library services, etc.

I understand that I am responsible for dropping all classes that I no longer plan on attending. I understand that if I choose to drop a class after the refund deadline date, the fees are still due for that class. (The refund deadline dates are displayed on the Students Registration / Billing Statement) If the sponsor does not cover dropped classes, I will be required to pay for the fees.

I understand that all refunds will be processed in accordance with the College's refund policy. If there is a refund due for any items that were paid by the sponsor, the refund will be returned directly to the sponsor.

I have read and agree to the conditions set forth above:

Student Signature

Date

ID / SSN (Last 4)

Print Name

College Representative:

College Representative Signature

Date

Completed forms should be submitted to the Student Business Office. 26455 Rockwell Canyon Road, Santa Clarita, CA 91350 / sbo@canyons.edu