The University of Alberta Bookstore is unable to arrange textbook sponsorship unless **ALL** information on this form is completed in full. Please keep a copy of this form on file for future students. We require an updated version of this form for our files should ANY changes be necessary throughout the year. **The University Bookstore is not responsible for determining what books or supplies are required for course use. If a discrepancy occurs it is to be dealt with by the sponsor and the student.** The University Bookstores are not associated with any other departments on campus in regards to sponsorship, and as such sponsorship amounts are only valid at the University Bookstore(s). If you have any questions or concerns, please call 780-492-2070.

1) Student’s name: _______________________________ I.D#____________________________

2) Amount of sponsorship $____________________

3) Does this **full** amount apply to (please specify one):
   - Books ONLY:_____
   - Supplies ONLY:_____
   - Books & Supplies:_____ 

5) Per term:_____ or Per Year:_____ 

6) Which session(s):Fall_____ Winter_____ Spring_____ Summer_____ 

7) Sponsorship begins:_________________(month/year) Ends:______________ (month/year) 

8) Does this sponsorship include items deemed necessary for their courses, such as:
   - Printer cartridges:___ Memory sticks___ Dictionaries:___ I-clickers:___ Stethoscope:___
   - Blood pressure cuff:___ Labcoat & goggles:___

9) If there are any other items included in this sponsorship that would not normally be considered “school supplies”, please specify: _____________________________________________________________
   ______________________________________________________________________

10) **Please be aware there is a $25.00 + GST administration fee charged for each student per billing period.**
    - _____ Take this amount out of the student’s grant  _____ Add to the invoice at the end of term/year 

11) Please bill the sponsor at the:
    - _____ end of each term  _____ end of each year ( fall & winter terms = school year)

11) Sponsors name & address________________________________________________________
    ______________________________________________________
    Phone# ___________________ Fax# ___________________ email ___________________
    Contact Person __________________________________ Position ___________________

☐ I have read and agree to terms of this contract

Authorizing Signature:________________________________________________________

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The information collected is for the administration of the sponsored student account. The personal information you provide is collected in compliance with section 33(c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions please contact Associate Director, University of Alberta Bookstore, Students’ Union Building, Edmonton, Alberta, T6G 2J7, 780-492-4215.