

# City College Southampton Employer Authority Form

To be completed by the employer prior to the student enrolling. Please type directly into the form or print and complete in **BLOCK CAPITALS**.

## Student

First name	<input type="text"/>	Last name	<input type="text"/>	
Course title	<input type="text"/>			
Course fees	College admin fee £ <input type="text"/>	+ Tuition fee £ <input type="text"/>	+ Exam/registration fee £ <input type="text"/>	= TOTAL DUE £ <input type="text"/>

## Employer (Sponsor)

Company name <b>STUDENT'S WORKPLACE</b>	Company name <b>INVOICING (if different)</b>
<input type="text"/>	<input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Post code <input type="text"/>	Post code <input type="text"/>
Telephone <input type="text"/>	Telephone <input type="text"/>

## Invoicing

Purchase order number (if applicable) <input type="text"/>	Email address for invoicing <input type="text"/>
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### Conditions of payment of fees for employer sponsored students

- I/we agree to be responsible for the payment of all course fees, as detailed above
- I/we understand fees are due within 30 days from the invoice date
- I/we understand that all course fees remain due if the student withdraws from the course.

## Authorisation

Name <input type="text"/>	Position held <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>

### FOR OFFICE USE ONLY

#### STUDENT RECORDS

Student ID number:

Sponsor number:

#### FINANCE

Invoice number:

Please contact the finance department if you have any queries regarding this form

City College Southampton, St Mary Street, Southampton, SO14 1AR  
Telephone: 023 8057 7495 Email: [credit.control@southampton-city.ac.uk](mailto:credit.control@southampton-city.ac.uk)