Please complete this sponsorship agreement, to sponsor an **individual student**. This agreement is a formal request to TUS to raise an invoice in an organisation’s name. By completing this sponsorship agreement form, the organisation is undertaking the liability to pay the fee amount specified below.

***This is not a request for credit.***

***Please discharge all course fees in full, prior to the student commencing their course.***

**Please Read the Terms and Conditions of Sponsorship Undertaking Below:**

1. On behalf of the sponsoring organisation below (herein after referred to as ‘the sponsor’), I agree that the sponsor will pay the amount shown below for the “sponsorship amount” prior to the student commencing the course. Students who have a recognised sponsor will be liable for any unpaid fee costs if the sponsor defaults on payment in any given semester. **This form MUST be completed and returned before the commencement date of the programme.**
2. I accept that, if this employee withdraws from a course or leaves the sponsor’s employment, liability for the sponsor’s contribution towards the sponsorship amount will remain with the sponsor. ***€250 will be held as an administration fee and is non-refundable as outlined in our Withdrawal and Refund Policy.***
3. I hereby warrant that the 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.
4. I hereby understand that if any course fee remains outstanding after the student starts their course, the student will not be *officially* registered with the Institute (or with any external body, where applicable), until their account is cleared in full. In addition, the student will be unable to receive examination results, progress to another year on a course or if the student is in their final year, the student will be unable to graduate. **(Note: Payment Remittances or Purchase Order numbers are not recognised as payment received)**
5. **Please note fees can be subject to change (student may decide to take on extra modules after initial invoice is generated)**

**COURSE TITLE, NAME OF STUDENT & AUTHORISATION**

***Academic Year: 2023/2024***

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Student Number:** |  |
|  |  |  |  |
| **Course Title/Stage:** |  | **Sponsorship Amount:** | € |

|  |  |
| --- | --- |
| **On behalf of the sponsor, (insert organisation’s name)** |  |
| *I hereby agree to the terms and conditions of the Technological University of the Shannon Sponsorship Form (the student being sponsored cannot authorise same):-* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SIGN HERE** |  | **PRINT NAME HERE** | |
| **Authorisation within Co:** |  |  |  | |
|  |  |  |  | |
| **Position In Organisation:** |  |  | **Date:** |  |
|  |  |  |  | |
| **Human Resource Manager:** |  |  |  | |
|  |  |  |  | |
| **Contact Phone Number:** |  |  | **Please see over for invoicing/ contact details** | |
|  |  |  |
| **Email Address:** |  |  |

**DETAILS REQUIRED FOR TUS TO RAISE AN INVOICE**

|  |  |
| --- | --- |
| **Person to Whom Invoice To Be Addressed:** |  |
|  |  |
| **Department within Organisation:** |  |
|  |  |
| **Name of Organisation:** |  |
|  |  |
| **Address for Invoice:** |  |
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|  |  |
| **Telephone Number:** |  |
|  |  |
| **Accounts Payable Email Address:** |  |
|  |  |
| **Purchase Order Number (if applicable):** |  |

On receipt of the completed Individual Sponsorship Agreement form, the University will forward an invoice to the contact listed.

**TERMS & CONDITIONS**

1. Please note, that in the case of sole traders or companies where there is only one Director / employee the option of company sponsorship will **not** apply.
2. The University reserves the right, at its sole discretion, to reject any sponsorship agreement application. Thereby full payment of the course fee will be required before the student can commence or be registered on any course within the Institute. The Institute will inform the organisation involved, if it reaches this decision.
3. This agreement also implies that the student accepts all Limerick Institute of Technology Terms and Conditions applicable on registering with the Institute.

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**FOR OFFICE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Form Complete:** | Yes  No ☐ |  |  |  |  |
|  |  |  |  |  |  |
| **Invoice Issued By:** |  |  | **Date:** |  |  |
|  |  |  |  |  |  |

**METHODS OF PAYMENT**

**Pay Over the Phone -** by contacting the Flexible Fees office in the main Campus in Moylish Park, Limerick. The contact number is **061 293094**

**Pay by Bank Transfer –** Details will be provided on invoice.

**IMPORTANT**: Please remember to **quote** the **Student’s ID Number** and **Student’s Name** on all payment transfers to the Institute.

Please email **completed sponsorship agreement forms** and **fee remittances** to flexiblefees.midwest@tus.ie.

**Flexible Fees,**

**TUS Moylish Campus,**

**Moylish Park,**

**Limerick.**