

**Internal Tuition Fee Sponsorship
Authorisation Form**



Student Details:

MMU ID:

Forename(s): Surname(s):

Course Title: AOS Code:

Department:..... Faculty:.....

Period of Sponsorship:

For one academic year: 20___/___
or
For duration of the course

Fees to be paid via:

Budget code: ___ __ 200 (Cost centre)

OR

WBS Project code: _____

OR

Other: _____

Please indicate whether the sponsored student is also a member of staff:

Student (GL 647205) Staff (GL 750115)

Amount of Sponsorship: Full fees OR £ _____

Additional Comments:

.....
.....

Authorisation:

Name of Budget Holder (print).....

Signature of Budget Holder:.....

Department: Faculty:

Date:..... Ext. :

Send to: Student Billings, Financial and Legal Services, Rm209 All Saints or email studentbillings@mmu.ac.uk