

# Sample Letter of Authorization for Full-time Studies



Today's date: \_\_\_\_\_

BCIT Financial Services  
3700 Willingdon Avenue  
Burnaby, BC V5G 3H2

Fax: 604-430-0188  
[mailto:BCIT\\_Revenue\\_Accounting@bcit.ca](mailto:BCIT_Revenue_Accounting@bcit.ca)

**Our company/agency would like to offer this letter of authorization for sponsorship of tuition fees for the following student:**

Name	BCIT ID
Email	Date of Birth <sup>DD-MMM-YYYY</sup>

**We are requesting to be invoiced for the following:**

Program	Term*
Application Fee \$	Medical & Dental \$
Commitment Fee \$	Rent \$
Tuition \$	Comments
PO or CO number if applicable	

*\* A new letter of authorization must be submitted each term.*

**Please email invoice to:**

Company/Agency	Contact Name
Address	Phone
Email*	Fax

*\*BCIT will send the invoice to this email address.*

*A hard-copy invoice can be mailed or faxed upon request.*

**Signing Authority:**

Name	Signature
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