

Managers Support & Study Fee Payment Form

Please complete in BLOCK CAPITALS, in black ink, or typescript.

Name of applicant				
Module/programme of study to be undertaken	No of credits	Academic Level		
Part 1. Managers Authorisation - to be completed by your manager. This section is COMPULSORY for Yorkshire & The Humber LETB (YHLETB) and Sponsored applicants. If you are Self funding this section may not be applicable. Part 2. Study Fee Payment details - please fill in the relevant section overleaf.				
Part A) Yorkshire & The Humber Local Education Training Board (YHLETB) - if you work for a trust in the YHLETB you may be entitled to funding, this section should be completed by your Training and Developemt/Equivalent Department.				
Part B) Sponsored - if your fees are being paid by an employer, a Trust outside the YHLETB or an Education Facility please complete this section.				
Part C) Self Funding - If you are paying the fees for your study yourself or via a stud section.	lent loan please c	omplete this		
Part 1. Managers Authorisation - to be completed by Manager.				

I have discussed this application with the above named and consider it is in his/her interests to undergo this module/programme of study. I confirm my support for the above-named to attend for the duration of the module/programme of study.

Name (please print)	Job Title
Employing authority	
Place of work	
Contact No	Email
Signature	Date

Note to authorising manager - On Completion of Part 1 please forward to the relevant Training & Development department/equivalent for completion of Part 2 overleaf (Study Fee Payment Details)

Part 2. Study Fee Payment Details - Please complete relevant section

Part A) Yorkshire & The Humber LETB (YHLETB) funding:-					
I verify that the person named overleaf is entitled (level 7)	l to a Maximum funding o	of 120 credits (level a	4,5 or 6) or 180 credits		
Trust Name					
Print Name		Job Title			
Contact Number		Email			
Signature		Date			
Part B) Sponsored Funding:-					
Name of Sponsor in full					
Contact Number		Email			
Name & Address (to which invoice for payment to	o be sent)				
Street					
Town					
County		Post Code			
Number of credits: 120 (levels 4,5 or 6) 180 (level	7) other (please state)				
I verify that the payment details are correct:			Total Agreed Payment:-		
Print Name	Job Title		£		
Signature	Date				
Tel No	Email				
Please provide the details of any additional spon	sors if applicable		Official Stamp:		
Part C) Self Funding:-					
I confirm that I (Print Name)		am resp	ponsible for the Payment of		
study fees for * credits at level *	(*to be complete	d as appropriate)			
Signature		Date			
Options for payment:- you can pay your fees in fu	ıll upon registration or se	et up a payment plan	n.		
Payment Plan Options:					

TO NOTE: Should you withdraw from your study at the University of Hull, you may be liable for fees relevant to your course of study.

Part Time Study - can be paid in thirds or eighths, a payment is made upon registration and then the remainder is paid at

Full time study - 50% paid on registration and then 2 further payments of 25% at specified intervals.

Please return this form to:

Admissions FHSC Calder Building University of Hull Cottingham Road Hull, HU6 7RX

specified intervals.