

Managers Support & Study Fee Payment Form

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

Name of applicant						
Module/prog	gramme of study to be undertaken	No of credits	Academic Level			
Don't Manager Authorization to be completed by your manager						
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)						
Part C)	Self Funding - If you are paying the fees for your study yourself or via a stude section.	lent loan please c	omplete this			
Part 1. Managers Authorisation - to be completed by Manager.						
rait i. 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.

Iob Title

Date

,
Email

Name (please print)

Signature

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 to a Maximum funding of 120 credits (level 4,5 or 6) or 180 credits (level 7)							
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 be sent)							
Street							
Town							
County		Post Code					
Number of credits: 120 (levels $4,5$ or 6) 180 (level	7) other (please state)	ı					
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 sponsors if applicable			Official Stamp:				
Part C) Self Funding:-							
I confirm that I (Print Name) am responsible for the Payment of							
study fees for * credits at level * (*to be completed as appropriate)							
Signature	Date						
Options for payment:- you can pay your fees in full upon registration or set up a payment plan.							
Payment Plan Ontions							

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.