

Third Party Billing and Payment Agreement

This form must be submitted for each semester of registration at the Canadian University Dubai. The University will accept third party contractual agreements if the following conditions are met:

- 1. The terms and conditions of the financial obligation between the student and the third party are clearly identified.
- 2. This agreement form is signed by the third party and the student.

DEADLINE for S	SUBMISSIC	ON : This	form must be	e submitted prior	to the end of the	Add/Dro	op period of the semester.	
Student Name								
Student ID					Mobile Number	r		
Third Party Nar	me							
Billing Contact	Name							
Billing Address								
Billing Mobile/Phone				Billing E-mail Address				
Semester/Term	า							
Amount Owing				Percentage Cov	vered			
Please identify if the								
amount owing is Estimated or Actual.		Estima	Estimated Cost OR Actual Cost					
Does the payment by the Sponsor/Organization cover:								
Tuition				Fees (non-refundable)		Yes/No Housing (non-refundable		Yes/No
Other: (Please specify		fv 1	· ·		163/110	Housing (Hon-retailuable Tesy No		
Other. (Fit	ease speci	· y. <i>)</i>						
Specify Maximum N of Credit Hours								
Specify Minimum N of Credit Hours								
Method ofPayr	ment							
Details of Payment								
University Spansorship Office Signature:								

University Sponsorship Office Signature:

Date:

Cashier Stamp:



Student Agreement

I acknowledge that my signature authorizes release of my financial and academic details to the Third Party person or organization for the purpose of paying tuition and fees and eligibility for funding in future semesters.

I fully understand and agree that if the Third Party Sponsor or Payee named in this agreement does not pay all funds assessed to my account in full, it is my responsibility to pay in full any and all outstanding financial obligations to the Canadian University Dubai.I acknowledge that I will be unable to obtain an Official Transcript, qualifyfor graduation and/or registerin subsequent semesters until all outstanding fees are paid in full.

I fully understand that if I withdraw from a course I am required to inform the sponsor or organization that I have withdrawn and/or changed the terms of this agreement. I acknowledge that I will be eligible for a refund based on the assigned percentage or amount identified above. The refund will be applied to the next semester of registration until I withdraw from studies at the Canadian University of Dubai or graduate. I understand that there is no refund of scholarship, bursary or discount amounts.

Print Name:		
Signature:	Date:	

Thirty Party or Sponsor Agreement

I agree to pay the amount specified above immediately upon receipt of the University's invoice and that payment is not contingent upon the student's grade or academic status.

I understand that I or my organization must respect payment deadlines and that I or my organization will pay late payment penalties or be subject to UAE laws regarding delinquent accounts.

I agree to pay the amount by bank transfer or cheque only. The University does not accept Third Party payments by cash or credit card.

I fully understand and agree that if I or my organization does not pay the amount identified in this agreement in full, that the student will be responsible for the full amount and will be unable to obtain an Official Transcript, qualify for graduation and/or register in subsequent semesters until all outstanding amounts are paid in full.

I further understand that I will forfeit access to the student's academic record if I or my organization has not paid the amount identified in the statement above.

I fully understand that if the student withdraws from a course and a refund is available, I or my organization will be eligible for a refund based on the assigned percentage or amount identified above. The refund will be paid in the manner in which it was received six weeks after the end of the semester. I understand that there is no recovery of fees or scholarship amounts should the student be eligible for a scholarship.

I understand that the University reserves the right to cancel this agreement at any time.

Print Name:		
Signature:	Date:	

Sponsor's Stamp (if applicable)