



## TREASURER'S OFFICE GF2 FORM

**Academic Year 2011/2012**

This form should be completed by the student and then signed and stamped by an authorised employee of the sponsoring hospital. If a student withdraws from his/her course then the normal College regulations apply. On receipt of this authorisation, the Fees Office will invoice the Hospital for the course fee.

### Student Details

<b>Name of Student:</b>			
<b>Student Number:</b>			
<b>An Board Altranis PIN Number:</b>			
<b>Student's Address:</b>			
<b>Course Title:</b>			
<b>Course Year:</b>		<b>Course Fee:</b>	
<b>Student Signature:</b>			<b>Date:</b>

### Sponsorship Details

I, the undersigned, confirm that the above student is currently in our employment. We accept liability for the full year course fees. I confirm that the invoice should be forwarded to the named person below.	
<b>Amount of tuition fees being paid:</b>	€
<b>Invoice to:</b>	
<b>Title:</b>	
<b>Invoice Address:</b>	
<b>Director of Nursing:</b>	
<b>Authorised Signature:</b>	

If for any reason the above named sponsor does not pay the annual fees specified, the student will become liable for all fees due.

**Registration cannot occur until this form is completed and returned to:**

**Treasurer's Office, Student Fees Section, Trinity College, Dublin 2.**