

University of Kansas
Office of the Comptroller - Bursar's Office
SPONSORSHIP AUTHORIZATION FORM

Date: _____

Sponsor Name: _____

Billing Address: _____

Student Name (last name, first name)	KU Student ID # (7-digit)	Sponsor Reference # or Project ID # (if applicable)	Semester to be sponsored (Term/Year)	Type of charges to be sponsored (check all that apply)	Total dollar or percentage to be sponsored
_____	_____	_____	_____	<input type="checkbox"/> Tuition	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Course Fees	_____
_____	_____	_____	_____	<input type="checkbox"/> Campus Fees**	_____
_____	_____	_____	_____	<input type="checkbox"/> International Fee	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Tuition	_____
_____	_____	_____	_____	<input type="checkbox"/> Course Fees	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Campus Fees**	_____
_____	_____	_____	_____	<input type="checkbox"/> International Fee	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Tuition	_____
_____	_____	_____	_____	<input type="checkbox"/> Course Fees	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Campus Fees**	_____
_____	_____	_____	_____	<input type="checkbox"/> International Fee	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Tuition	_____
_____	_____	_____	_____	<input type="checkbox"/> Course Fees	_____
_____	(Last 4 digits of SSN if KU ID is not available)	_____	_____	<input type="checkbox"/> Campus Fees**	_____
_____	_____	_____	_____	<input type="checkbox"/> International Fee	_____

Sponsor Contact: _____

Sponsor signature: _____

Contact email: _____

Contact phone: _____

IMPORTANT: Please contact us if you have questions regarding how to complete this form before submitting to the Bursar's Office. KU Grant principle investigators should contact KUCR for assistance and submit this form to KUCR for approval. KUCR will forward to Bursar's Office with proper authorization information.

To submit form: by fax: (785) 864-1520; by mail: University of Kansas, Bursar's Office, 1450 Jayhawk Blvd., Room 21, Lawrence, KS 66045; by email: bursar@ku.edu; or by phone us at (785) 864-3322 and ask for a Sponsorship Accountant.

*Course Fees (formerly Differential) is a required fee that is assessed in addition to the tuition charge in certain schools.

** Campus Fees (formerly Required) are assessed to students based upon number of hours enrolled.