Student Credit Control Finance Department PO Box 217 Whiteknights Campus University of Reading RG6 6AH

studentcreditcontrol@reading.ac.uk

Date		Applicant	pplicant/student name			
Module or programme of study						
Cost of programme or module						
Total amount to be sponsored CIPPET bill by module (not year). State here how much this proof of funding covers.						
Organi	sation name					
Contac	t name for invoicing					
Email a	address for invoicing	l				
Full address for invoicing						
Telephone number for invoicing queries			es			
Purchase order number or equivalent						
I confirm that my organisation is willing to accept liability for the tuition fees as stated above and I understand that any default in payment may result in the student's result being delayed and/or liability for fees being transferred to the student.						
Signatu	ure:			Name	:	
Email address				Position within the organisation:		

Please ensure that this letter is either:

- printed on headed paper with the company name clearly stated (and where required includes the organisation's official stamp) **or**
- signed using a verified electronic signature (e.g. Adobe) or attached to an email from a professional email address within the organisation

Where this letter is being submitted electronically, either scans or electronically signed forms can be submitted to one of the following:

- New applicants: sponsor forms should be uploaded to the application portal (or emailed to pace@reading.ac.uk)
- Existing students: pacestudents@reading.ac.uk