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| **University of Split****Faculty of Kinesiology****Nikole Tesle 6****21000 Split****Croatia** | C:\Users\Tonci\Desktop\muni projekt\logo\logo kif eng.png |

Student Sponsorship Agreement

By completing a sponsorship agreement, the organisation named on this form undertakes liability for paying fees, when invoiced, for the student named below.

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| Student name: |  |
| Study programme applied for: |  |
| Planned start date: |  |

Please note that a sponsor may only be a government body, Research Council, public or private organisation or scholarship awarding body. Do not complete this form if your fees are being paid by a relative.

If payment is not received from the sponsor by the due date, the student will become liable for any amounts outstanding.

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| Name of organisation |  |
| Invoicing Address (including postcode) |  |
| Contact name |  |
| Position in organisation |  |
| Telephone number |  |
| Email address |  |
| Purchase Order/Reference Number |  |

Please tick one of the options below, and complete the amount to be paid if applicable:

[ ]  Please invoice for the annual tuition fees at the start of each year.

[ ]  Please invoice for the amount/percentage of € Click here to enter text. for the current year only.

[ ]  Please invoice for an amount/percentage of € Click here to enter text. for all years of the course.

## Sponsorship undertaking

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| 1. On behalf of the sponsoring organisation named above, I agree that the sponsor will pay, within 30 days from the date on the invoice, the amount specified above.
2. I confirm that I hold the position stated above and that in that capacity I have the authority to bind the sponsor by signing this form.
3. I understand that this agreement does not give the sponsor any right to the student's information, which includes details of progress and performance. The University processes all personal data in accordance with Croatian law (Protection of personal data law act (2012)) and must seek consent from the student before disclosing any information to the sponsor.
4. I understand that this agreement gives the University the right to disclose non-payment of fees to the Student
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|  |  |  |  |  |
| Signed |  | Write name in full |  | Date |

Student undertaking

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| 1. I understand that if the Sponsoring Organisation fails to pay my fees within a specified time then I will become fully liable for the amounts specified.
2. In accordance with the Croatian Data Protection Act (2012)

[ ]  I GIVE my consent for the University to share details of progress and performance with the above Sponsoring Organisation for the duration of the sponsorship[ ]  I DO NOT give my consent for the University to share details of progress and performance with the above Sponsoring Organisation for the duration of the sponsorship |

Please note that the University will release relevant progress information to your sponsor if this is a condition of you sponsorship.

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|  |  |  |  |  |
| Signed |  | Write name in full |  | Date |

If you are a distance learning student please send the completed form by email to tomislav.milat@kifst.hr or send it by regular post to: Finance Office, Faculty of Kinesiology, University of Split, Nikole Tesle 6, 21 000 Split, Croatia.