

FORM OF GUARANTEE

All students must sign and return these forms by 1st September to:

The Bursar
Emmanuel College
Cambridge
CB2 3AP

Or via e-mail to: student-billing@emma.cam.ac.uk

Name of Student

.....

(IN BLOCK CAPITALS)

Name of Guarantor

.....

(IN BLOCK CAPITALS)

Address of Guarantor

.....

.....

.....

Date

I guarantee to pay on demand and in full any fees and maintenance costs incurred

by (a)..... in connection with his/her graduate course at Emmanuel College,
Cambridge. I understand that the fees will include the appropriate College and University Fees.

.....

Signature of Guarantor

(a) Insert student name

Please complete the attached form detailing the breakdown of your funding for University Composition Fees. Please attach documentation confirming the level of support where possible.

If you do not complete this form the College will hold you personally liable for your fees.

DETAILS OF FUNDING FOR UNIVERSITY COMPOSITION FEES

STUDENT NAME.....

If your funding is from a research grant, please indicate if fee bills should be sent to the sponsoring organisation, your University Department or you personally.

Documents confirming billing details supplied at this stage will help prevent queries and delays in settling your fees at a later date

If you are self-funded write this under 'Sponsoring Organisation 1'

Name of Sponsoring Organisation 1

Contact name

Address

.....

.....

Level of support £..... or %

Fees paid direct to college/ to student to pay college (delete as applicable)

Name of Sponsoring Organisation 2

Contact name

Address

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Level of support £..... or %

Fees paid direct to college/ to student to pay college (delete as applicable)