POSTGRAD FORM OF GUARANTEE

All students must <u>sign and return</u> these forms by 1st September 2024 to:

student-billing@emma.cam.ac.uk

Name of Student   _____
(IN BLOCK CAPITALS)

Name of Guarantor*see note   _____
(IN BLOCK CAPITALS)

Address of Guarantor/Student   _____
                                           _____
                                           _____
                                           _____

Date   _____

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

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

Signature of Guarantor/Student_____

(a) Insert student name

Please complete the next form detailing the breakdown of your funding for University Composition Fees (tuition fee)

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

*This is required for self-funded students with no sponsors where the guarantor could be a parent/guardian/other member of family. Where the student does not have a guarantor, the student will put their name in the guarantor section as well. This is a confirmation that the student is committed to the obligation of paying the University fees.

DETAILS OF FUNDING FOR UNIVERSITY COMPOSITION FEES (tuition fee)

STUDENT NAME _____

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

    A.   Name of Sponsoring Organisation 1

Student name

_____

Level of support   £   _____   or % _____

Student will receive the University fee bill from the college and will pay the college directly for the level of support stated.

    B.   Name of Sponsoring Organisation 2 (Department/Sponsor/College etc.)

Department/Sponsoring organisation billing name (name as per the letter received)

_____

Sponsoring organisation address

_____

Contact name

_____

Contact email address, where to send the bill (preferably shared email of accounting department)

_____

Level of support   £   or %
The sponsor will receive the University fees bill directly for support stated.

If you are an employee of University of Cambridge and you should receive a staff fee waiver, please tick this box. ☐