

Further Education (FE) Online Learners

All Online applicants must complete Appendix A and return to the email/address below prior to enrolment.

Name:______Student Reference_____

Programme/Course:	
Fees – I agree to conform to the regulations and fee polic of fees.	ey of the College and accept liability for payment
You must make arrangements for the payment of your fo	ees at the commencement of your course.
Tuition fee responsibilities	
Students studying an Online programme must arrange to pay their fees to Myerscough College at the commencement of the course. Payment can be made online by visiting www.myerscough.ac.uk/payments or by contacting the finance office on 01995 642138.	
In the absence of an official letter from an employer or a sponsor indicating responsibility for the payment of your fees in full or in part, you will be invoiced by Myerscough College for the full amount or remaining portion of your fees for the course. It is your responsibility to ensure that, where applicable, a copy of the appropriate funding documentation - as referred to above is submitted to the College. Online students should submit the appropriate documentation to the postal or email address below.	
Withdrawal from the course will be subject to the charges detailed in the Fee Policy. The policy states that; requests for a full refund (less an administration fee) will be referred to the Deputy Principal - Finance and Funding, for approval. Withdrawal requests will be considered during the first 10% or 3 weeks of each course year, after that full fees must be paid.	
The full policy can be found on our College Website under Further Education then FE Finance and Fees .	
Student Signature	Date
Staff Signature	Date

Please return completed forms to

Finance Office



Employer Confirmation of Responsibility for Student Fees

If your employer is to be invoiced for your course, please ensure the sections below are completed and returned

to the address below. Student's Name: **Course Title: Course Start Date:** Expected Completion Date: **Employer/Company name:** Address: Postcode: **Email Address: Telephone Number:** Contact Name(Block capitals): I confirm that the above named company will pay all fees as indicated below in respect of the above named student. Please authorise with the Company stamp and purchase order number if required. **Company Stamp Facilities and Resources** Contribution **Tuition Fees Residential Fees Purchase Order Number: Authorised Signature:** Name (Block capitals): Position: Date:

Please return completed forms to

Finance Office