EMPLOYER ONLINE POSTGRADUATE SPONSORSHIP AGREEMENT FORM

*This form is to be completed by employers wishing to sponsor an employee for online postgraduate (master’s) study at Falmouth University. Please complete all sections clearly and return the signed form to:* *karen.fox@falmouth.ac.uk*

SECTION 1: STUDENT DETAILS

| Full Name: |  |
| --- | --- |
| Student ID (if known): |  |
| Course Title: |  |
| Academic Year(s) Covered: |  |

SECTION 2: EMPLOYER DETAILS

| Company Name: |  |
| --- | --- |
| Registered Address: |  |
| Postcode: |  |
| Company Registration Number (if applicable): |  |
| Name of Authorised Signatory: |  |
| Job Title: |  |
| Telephone Number: |  |
| Email Address: |  |

SECTION 3: SPONSORSHIP AGREEMENT

|  |  |
| --- | --- |
| What is the level of sponsorship being offered?  |  ☐Full tuition fees☐Partial tuition fees If partial, please confirm sponsorship amount £\_\_\_\_\_\_\_\_\_\_\_*Details of tuition fees and payment schedules:* [*Postgraduate Tuition Fees | Falmouth University*](https://www.falmouth.ac.uk/study/tuition-fees/postgraduate)*.* *N.B. For 2025/26 tuition fees are:**MA(Hons) part-time, online, £6,075 per year (£12,150 in total)**PGDip: £7,921 in total**PGCHE, £3,394 in total* |
| Please confirm payment schedule: | ☐ One-off payment☐ Instalments: One year's payment at the start of each academic year☐ Instalments: Payment at the start of each Study Block (3x per year) |
| Does your company require an invoice?  | ☐ Yes☐ No |
| If yes, please provide invoicing details: |  |

SECTION 4: EMPLOYER DECLARATION

By signing this form, the employer agrees to the following:

1. To pay the tuition fees as indicated above for the employee named in Section 1.
2. To make payment to Falmouth University according to the agreed schedule or upon receipt of invoice.
3. To notify Falmouth University immediately of any change in sponsorship status.
4. To accept that in the event of non-payment, the student will be held liable for outstanding fees.

Authorised Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION 5: STUDENT ACKNOWLEDGEMENT

I confirm that my employer has agreed to sponsor my studies, and I authorise Falmouth University to share relevant financial and academic information with my employer in relation to this sponsorship agreement.

I acknowledge that in the event of non-payment from my employer, I am held liable for any outstanding fees.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_