

## Completing the Sponsorship Authorization Form

### Concept

The Sponsorship Authorization Form initiates third-party contracts which are credit agreements between the University of Texas Health Science Center at Houston and a third-party sponsor—typically, schools, corporations or government agencies. The third-party sponsor can be an external entity or an internal UTHealth school or department.

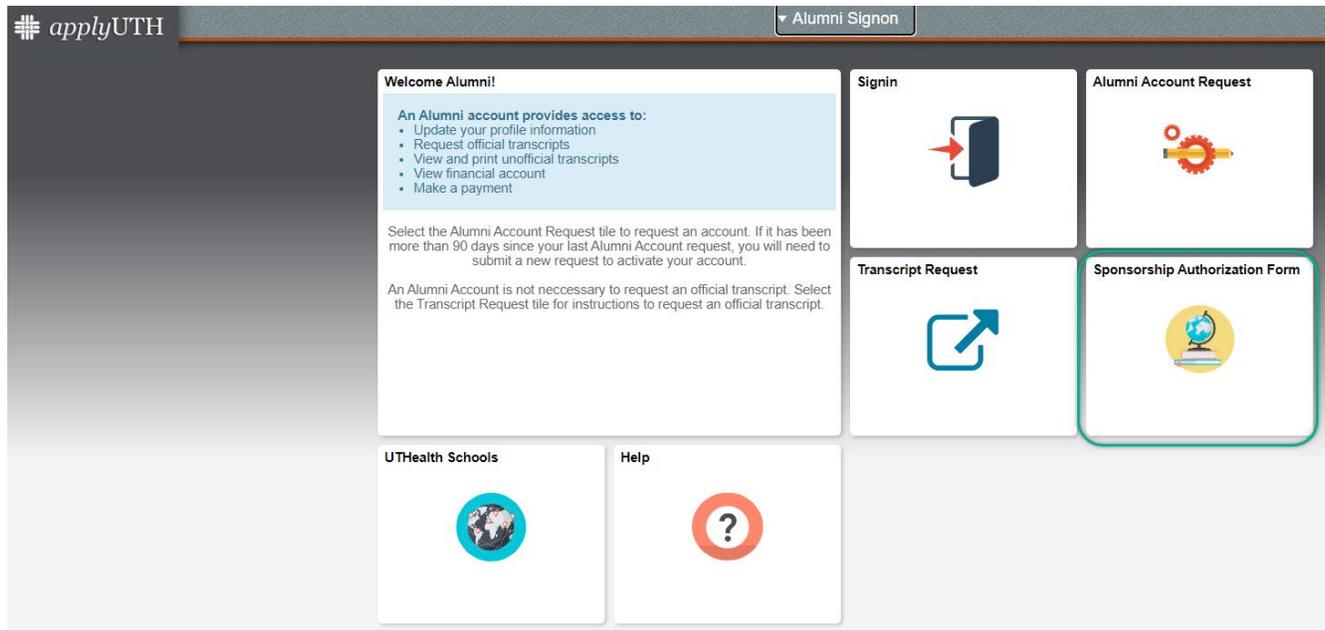
The third-party agrees to sponsor one or more students and pays all or part of the student’s tuition, fees, and expenses. The third-party sponsor establishes all parameters regarding what portion of which expenses it pays.

Instructions in this document will assist you with completing the sponsorship authorization form.

Required Information/Field(s)
Campus Solutions Student ID
Career/School
Institution
Department
Account Number
Funding End Date if Grant Funded
Total Amount or Percentage
Expenses
Signature Authority on Account to Be Charged
Contact Information - First Name
Contact Information - Last Name
Contact Information - Title
Contact Information - Email
Contact Information - Phone
Contact Information - Fax

## Access

Click [here](#) to access the [Sponsorship Authorization Form](#) page on the My UTH Alumni Guest Portal.



This page can also be accessed through the following UTHealth webpages below:

1. [Bursar's Office](#) → [Sponsorship Form](#)

<https://inside.uth.edu/finance/bursars/>

2. [Registrar's Office](#) → [myUTH](#) → [Former Students/Alumni](#)

<https://www.uth.edu/registrar/myuth.htm>

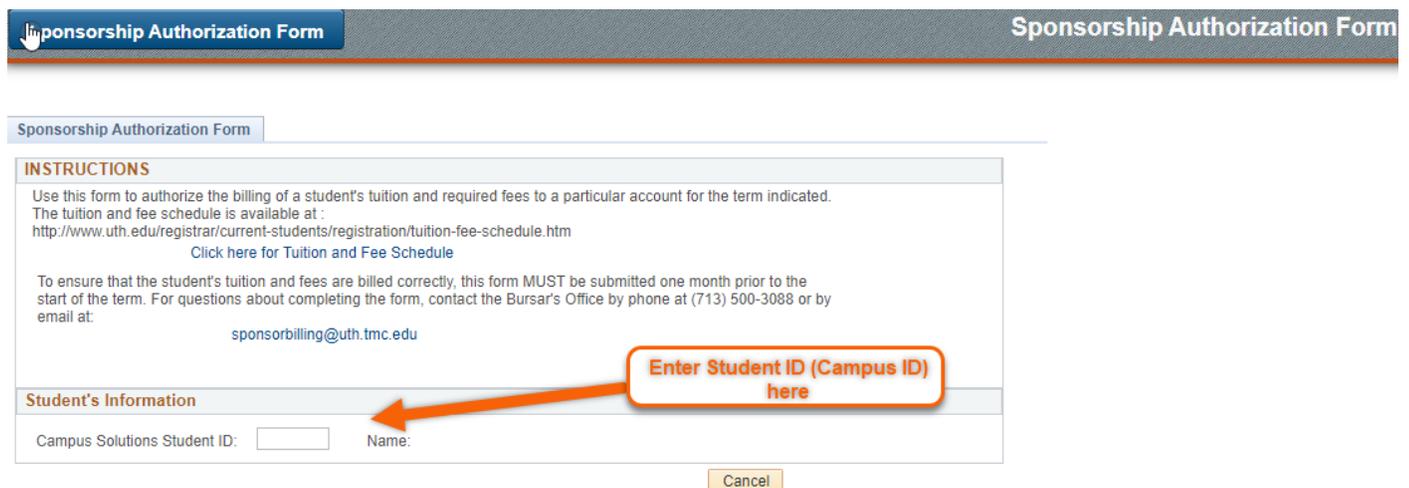
## Procedure

Please ensure to read the instructions carefully:

Use this form to authorize the billing of a student's tuition and required fees to a particular account for the term indicated. The tuition and fee schedule is available on the Bursar's website and linked here: [Tuition & Fee Schedule](#)

To ensure that the student's tuition and fees are billed correctly, this form **MUST** be submitted one month prior to the start of the term. For questions about completing the form, contact the Bursar's Office by phone at (713) 500-3088 or by email at: [sponsorbilling@uth.tmc.edu](mailto:sponsorbilling@uth.tmc.edu)

1. First begin by entering the student's campus solutions ID number in the field, and tab over to bring up their account:



2. Proceed to verify the information provided with the ID:

- a. Verify the student's **NAME** to ensure you are entering a form for the correct student.

- b. If this is a **REVISED FORM**, enter 'Y' for YES; otherwise accept the default value of 'N' for NO. Note: 'Y' allows you to submit changes for prior terms.

REVISED FORM? (Y/N)

- c. If this is an **MD/PHD Student**, enter 'Y' for YES; otherwise, do not enter anything or enter 'N' for NO.

REVISED FORM? (Y/N)

- d. Select the student's career and school the sponsorship is being applied to.

- e. Select the term the sponsorship should be applied to, please verify the correct term is displayed.

- i. If your student is not currently active, you will not see the correct term AND you will not be able to enter the form until the student is term activated by the Registrar's office.

Sponsorship Authorization Form

**INSTRUCTIONS**

Use this form to authorize the billing of a student's tuition and required fees to a particular account for the term indicated. The tuition and fee schedule is available at : <http://www.uth.edu/registrar/current-students/registration/tuition-fee-schedule.htm>

[Click here for Tuition and Fee Schedule](#)

To ensure that the student's tuition and fees are billed correctly, this form **MUST** be submitted one month prior to the start of the term. For questions about completing the form, contact the Bursar's Office by phone at (713) 500-3088 or by email at:

[sponsorbilling@uth.tmc.edu](mailto:sponsorbilling@uth.tmc.edu)

**Student's Information**

Campus Solutions Student ID:  Name: Mahoney, Kathryn Rose

REVISED FORM? (Y/N)  MD/PHD Student? (Y/N)

Career/School:

Term of Sponsorship:

Select the career & school of the student.

Cancel

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[sponsorbilling@uth.tmc.edu](mailto:sponsorbilling@uth.tmc.edu)

**Student's Information**

Campus Solutions Student ID:  Name: Mahoney, Kathryn Rose

REVISED FORM? (Y/N)  MD/PHD Student? (Y/N)

Career/School:

Term of Sponsorship:

2233 - 2023 Fall  
2241 - 2024 Spring

Select which term the sponsorship is to be applied to

Cancel

3. Enter all Invoicing and Billing Information for the Sponsor/Sponsorship:

Invoicing and Billing Information			
Institution:	<input type="text"/>		
Department:	<input type="text"/>		
Address1:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>

4. Enter the full account number into the corresponding field. If it's a UTHealth account, select the first checkbox to open those fields; otherwise, enter the MDA account information.

Expenses to be Paid									
<b>ALL SPONSORS WILL BE CHARGED TUITION AND REQUIRED FEES</b>									
UTHealth Account?: <input type="checkbox"/>	You must enter the entire chartfield string for UTHealth account numbers. Enter 0 if your account does not include Project/Grant or Class.								
UTHealth Account #:	Oper Unit	Dept Id	Fund	Project/Grant	Program	Account	Class		
MD Anderson Account #:	Department	Fund Group	Fund	Account	Fund Type	PC Bus Unit	Project	Activity	
Grant Funds?: <input type="checkbox"/>	Grant End Date:	<input type="text" value="12/06/2023"/>	<input type="checkbox"/>	Total Amount:	<input type="text"/>	or Percentage:	<input type="text"/>		
<b>GSBS and MD Anderson do not pay:</b>									
Audit Fee	Graduation Fee	Late Payment Fee							
Late Registration Fee	Repatriation/Evacuation Fee	Student Health Insurance							
*Check any additional expenses this sponsorship will pay:									
<input type="checkbox"/> Audit Fee	<input type="checkbox"/> Late Payment Fees	<input type="checkbox"/> Repatriation/Evacuation Fee							
<input type="checkbox"/> Graduation Fee	<input type="checkbox"/> Late Registration Fees								
<input type="checkbox"/> Student Health Insurance	<input type="checkbox"/> Liability Insurance								
Comment/Additional Billing Information:									
<input style="height: 40px;" type="text"/>									

Check the Grant Funds checkbox if you are using grant funds, and enter the Funding End Date.

If these are not grant funds, change the Funding End Date to two years from **today**.  
For example: A sponsorship being entered on 12/6/23 will have the end date be 12/6/2025, if they are not grant funds.

Grant Funds?:  Grant End Date:

OR

Grant Funds?:  Grant End Date:

5. Enter the total amount the sponsorship will pay in either numerical value, or as a percentage.

Total Amount:  or Percentage:

If the student's tuition and fees are being split between accounts, you will need to submit a separate form for each account.

6. Check for any additional expenses the sponsorship will pay

GSBS and MD Anderson do not pay:

Audit Fee

Graduation Fee

Late Payment Fee

Late Registration Fee

Repatriation/Evacuation Fee

Student Health Insurance

\*Check any additional expenses this sponsorship will pay:

Audit Fee

Late Payment Fees

Repatriation/Evacuation Fee

Graduation Fee

Late Registration Fees

Student Health Insurance

Liability Insurance

7. Use the Comments and Special Instructions field to let us know:

a. that you are splitting this student's sponsorship across multiple accounts *or*

b. any additional information that may not be captured on the form.

Then proceed to type the name of the authority on the account to be charged.

Comment/Additional Billing Information:

Signature Authority on Account to Be Charged:

Today's Date: 12/06/2023

8. Enter the contact information for all the sponsorship contacts:

a. The **contact information** for the person submitting the form

i. (The student email is already defaulted to their UTH student email based on ID entered)

b. Enter the **Sponsor/Admin** email information by entering each individual email address in the blank field and clicking on "Add Email" to save it in the list of notifications. Add as many email contacts as needed. All emails listed will receive copies of submission.

c. Enter the **Submitter** email information entering each individual email address in the blank field and clicking on "Add Email" to save it in the list of notifications. Add as many email contacts as needed. All emails listed will receive copies of submission.

d. Enter the phone number of the person submitting the sponsorship, as well as any fax number.

**Contact Information (person submitting form)**

First Name:  **A** Last Name:

Title:

Student Email: Kathryn.Mahoney@uth.tmc.edu

**Sponsor/Admin Email**

Enter email address, then click Add Email button.  **B**

Sponsor/Admin Email/s:

**Submitter Email**

Enter email address, then click Add Email button.  **C**

Submitter Email/s:

Phone:  **D** Fax:

9. Click the "Print" button  to print a hardcopy for your records. **This is the only time you will be able to print the form as presented on the screen. The Bursar's office can retrieve the data entered into the form, but not the form itself.**
10. Click "Submit" button  to send the completed form to the Bursar's office.
11. Click "Cancel" button  at any time to exit the form without saving. **All data will be lost.**

After submission, the Bursar's office will receive the form and process the request. If you encounter any issues or have any concerns, please contact us at:

Sponsor Billing  
[sponsorbilling@uth.tmc.edu](mailto:sponsorbilling@uth.tmc.edu)

or

Bursar Department  
[bursar@uth.tmc.edu](mailto:bursar@uth.tmc.edu)