

UNIVERSITY COLLEGE DUBLIN

The form below should be completed by the student, and signed and stamped by an authorised employee of the sponsoring Hospital. This is to certify that the Hospital will take responsibility for all fee payments (even if the student withdraws before completing the programme). On receipt of this authorisation the Fees and Grants Office will invoice the Hospital for the programme fee.

Authorisation for Claim of Student Fees from Hospital

Student Details:

Date of Birth: _____ UCD Student No: _____

First Name: _____ Surname: _____

Academic Year: _____

Year & Title of Programme: _____

PPS No. or Employer Reference No: _____

Name of Hospital*: _____

I certify on behalf of (*Please insert name of Hospital*) _____
that fees will be paid on behalf of the above student to University College Dublin for
session _____

Signature: _____

Date: _____

Post of Signatory: _____

Official stamp of Hospital:

N.B. Fees must be paid to the University in respect of students who withdraw before completing a programme.

*** If the HSE is paying fees, a letter from the HSE confirming sponsorship must be sent to Fees and Grants Office, University College Dublin, Dublin 4, in place of this form.**

For Fees & Grants Office Use Only:

Banner: _____

Initials: _____

Date: _____

Please return completed form to:

Fees and Grants Office, Tierney Building, University College Dublin, Belfield, Dublin 4.

Tel: 716-1434/1435. Fax: 716-1228. Email: mary.oneill@ucd.ie