

The University of Texas MD Anderson Cancer Center UTHealth
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (GSBS) | Finance
GUIDE TO SUBMITTING SPONSORSHIP AUTHORIZATION FORMS

Access the on-line Sponsorship Authorization Form

- Click on the following link: [Sponsorship Authorization Form](#)

Enter all requested information to sponsor the student's Tuition and Required Fees (T&F)

- Under "Campus Solutions Student ID," enter the student's myUTH Campus Solutions ID# (7 digits). If need a student's ID#, contact GSBS Finance (✉ gsbs_finance@uth.tmc.edu)

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

Student's Information

Campus Solutions Student ID: Name:

- Press Tab or Enter after entering the Student ID#. The "Name" of the student will automatically populate.

Student's Information

Campus Solutions Student ID: **Name:**

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

Career/School:

Term of Sponsorship:

- Enter as follows:
 - REVISED FORM? (Y/N) –
 - Enter N if this is a new (and the first) form being submitted for the student, for the semester.
(If using multiple accounts, a sponsorship form is required for each account. Enter N for each form that is submitted for each account. Only one account per form, per student, per semester.)
 - Enter Y if this is a revised form and one had already been submitted for the semester.


- o MD/PHD Student? (Y/N) – Enter **Y** if your student is an MD/PhD student. If not, enter **N**.
- o Career/School – always select **GSBS – Biomedical Sciences**
Term of Sponsorship will appear. Check that the right term is populated or selected.

Student's Information

Campus Solutions Student ID: Name:

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

Career/School:

Term of Sponsorship: 

Additional screens will appear.

- Enter your Invoicing and Billing Information:

Invoicing and Billing Information

Institution:

Department:

Address1:

City: State: Postal Code:

- Enter account and expense charge information:

→ If you are a faculty or administrator from **UTHEALTH**, enter the information as follows:

- o Uthealth Account? – Check the box
- o Uthealth Account # – Enter chartfield string or account number to be charged
If your account does not include a Project # or Class Code, enter 0 in the appropriate boxes.
(If using multiple accounts, a sponsorship form is required for each account. Only one account per form, per student, per semester. Please make note under “Comment.”)
- o Non-Uthealth Acct # – Do not enter any information in this box
- o Acct Name – Do not enter any information in this box

Expenses to be Paid

ALL SPONSORS WILL BE CHARGED TUITION AND REQUIRED FEES

Uthealth Account?: You must enter the entire chartfield string for Uthealth account numbers.
Enter 0 if your account does not include Project/Grant or Class.

	Oper Unit	Dept Id	Fund	Project/Grant	Program	Account	Class
Uthealth Account #:	<input type="text" value="01"/>	<input type="text" value="12340000"/>	<input type="text" value="40000"/>	<input type="text" value="0"/>	<input type="text" value="12"/>	<input type="text" value="69312"/>	<input type="text" value="12345"/>
Non-Uthealth Acct #:	<input type="text"/>						Acct Name: <input type="text"/>

→ If you are a faculty or administrator from **UT MD ANDERSON** or **OTHER NON-UTHEALTH INSTITUTION**, enter the information as follows:

- Uthealth Account? – Do not check this box
- Uthealth Account # – Do not enter any information in these boxes
- Non-Uthealth Acct # – Enter chartfield string or account number to be charged
(If using multiple accounts, a sponsorship form is required for each account. Only one account per form, per student, per semester. Please make note under “Comment.”)
- Acct Name – Enter name of department

Expenses to be Paid							
ALL SPONSORS WILL BE CHARGED TUITION AND REQUIRED FEES							
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.					
		Oper Unit	Dept Id	Fund	Project/Grant	Program	Account
Uthealth Account #:							
Non-Uthealth Acct #:	Enter chartfield string or account number				Acct Name:	Enter department name	

→ ALL faculty and administrators from **UTHEALTH**, **UT MD ANDERSON** or **OTHER NON-UTHEALTH INSTITUTION**, enter the remaining information:

Grant Funds?:	<input type="checkbox"/>	Grant End Date:	11/13/2020	<input type="checkbox"/>	Total Amount:		or Percentage:	100
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:								
<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:								
<div style="border: 1px solid black; padding: 5px;"> Any comments for the Bursar's Office. For example: T&F paid on 3 separate chart field strings. This is Form 1 of 3. </div>								
Signature Authority on Account to Be Charged: <input type="text" value="Name of authorized signatory."/>								
Today's Date: 11/13/2020								

- Grant Funds? – Check if grant funds. If not, leave it unchecked.
- Grant End Date – Date will default to the current date.
If Grant Funds are used, modify date to the appropriate end date of the grant.
- Total Amount – Enter only if you wish to charge a specified amount. Otherwise, leave blank.

- or Percentage – Enter only if you wish to pay for a student’s T&F based on a specified percentage. For example:
 - Enter “100” for 100% coverage if sponsoring student’s full T&F from the account provided.
 - Enter “50” for 50% if sponsoring half of student’s T&F from the account provided.

(If using multiple accounts, a sponsorship form is required for each account. Only one account per form, per student, per semester. Please make note under “Comment.”)
- Submission of the Sponsorship Authorization Form will pay for a student’s tuition and required fees.
- Although the following options are available to select, in general, sponsors do not pay for the fees mentioned below, except for Liability Insurance:

<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	

Do not check the boxes for the fees listed, unless the sponsor plans to pay that fee for the student. Students are responsible for the above mentioned fees.

The only exception is the Liability Insurance, also known as Medical Liability Insurance. This fee is assessed once a year for MD/PhD students only, to be paid by the sponsor. **Please check the Liability Insurance box if your form is for an MD/PhD student.** Sponsor will only be charged for Medical Liability Insurance if the student has this fee in their bill. Sponsor will not be charged if the student does not have this fee in their bill.

- Comment – Enter any information you need to share with the Bursar’s Office.
(Use this section to explain if using multiple accounts. Example: T&F paid on 2 accounts. Form 1 of 2.)
- Signature Authority on Account to Be Charged – Enter name of authorized signatory of the account

• Enter your Contact Information:

Contact Information (person submitting form)

First Name: Last Name:

Title:

Student Email:

Sponsor/Admin Email:

Submitter Email:

Phone: Fax:

You must Print this completed form if you would like a copy for your records.
The Bursar’s Office receives only the data entered into the form and cannot provide a copy of the form.

← 1
 2 →

1. Press “**Print**” first to print a copy of the form for your records. *(highly recommended)*
2. Press “**Submit**” to submit the form to the Bursar’s Office. Once you submit, the “Submit” button will disappear and the form will be sent directly to the Bursar’s Office.

Press “**Cancel**” if you no longer wish to “Submit” the form, or if you need to re-start again.

- A Message will appear confirming that your form has been successfully submitted to the Bursar's Office.

Message

Successfully submitted for Campus Solutions Student: ID [REDACTED], Term 2181, Career GSBS - Biomedical Sciences, Date 2017-11-09 (24000,36)

The form was successfully submitted to the Bursar's office.

- You can print or copy the Message for your records.
- Press “**OK**” to continue.

- The “Submit” button will disappear, and the “Create New Form” button will appear.

**You must Print this completed form if you would like a copy for your records.
The Bursar's Office receives only the data entered into the form and cannot provide a copy of the form.**

- Press “**Create New Form**” if you wish to submit another form.
- Exit from the screen or form completely if you are finished.

- You (Submitter), the Student, and the Sponsor/Admin Email you entered, will also receive the following email message:

From: CampusSS@uth.tmc.edu <CampusSS@uth.tmc.edu>
 Sent: Friday, August 28, 2020 1:26 PM
 To: Lau, Elisabet M <Elisabet.Lau@uth.tmc.edu>
 Subject: UTHealth - Sponsorship Form

A Sponsorship Form has been successfully submitted to UTHealth Bursar's Office on behalf of:

Student Name : [REDACTED]
 Term of Sponsorship: 2203 - 2020 Fall
 Career/School: GSBS - Biomedical Sciences

Date: August.28.2020 01:25 PM

Questions related to your submitted form?



CONTACT THE BURSAR’S OFFICE:

713-500-3088

sponsorbilling@uth.tmc.edu